Medical Economics

WHAT OFFICE PROCEDURES REALLY COST YOU



Kolantyl is much more than an antarid

Clinical experience clearly indicates that alkali is not the only answer to ulcer pain.^{1.5}

More than an antacid is needed. Kolantyl is more than an antacid. It blocks all three sources of ulcer pain. An antispasmodic (safe Bentyl) to stop pain-producing spasm. Anti-enzyme action to curb peptic erosion. Balanced antacids that neither constipate nor laxate. Plus a demulcent to promote healing.

Shotgun therapy? Probably not, when you consider this: Which one of the ingredients of Kolantyl can an ulcer patient do without?

Dosage: I tablespoon, or 2 tablets, every three hours, as needed.

REFERENCES: 1. Altschule, Mark D.: Med. Science 6:560, Oct. 25, 1959. 2. Kasich, A. M.; Boleman, A. P., Jr., and Rofsky, J. C.: Am. J. Digest. Dis. 1:361, 1956. 3. Roth, J. L. A.; Wechsler, R. L., and Bockus, H. L.: Gastroenterology 31:493, 1956. 4. Rafsky, J. C.: Gastroenterology 27:29, 1954. 5. Ruffin, J. M.; Baylin, G. J.; Legerton, C. W., and Texter, E. C., Jr.: Gastroenterology 23:252, 1953.

THE UM, S. MERRELL COMPANY New York . Cincinnati . St. Thomas, Ontario

Medical Economics

NEWS BRIEFS

DOCTORS' BACKGROUNDS: New data from the Assn. of American Medical Colleges show that about 45% of U.S. medical students come from families earning over \$10,000 per year, 40% from \$5,000-\$10,000 families, and 15% from under-\$5,000 families.

YOU'LL GET MORE FOR YOUR MONEY if you visit Canada this summer. The Canadian dollar, which was worth \$1.05 in U.S. money, is now down to about \$1.01.

WHAT SHOULD A DOCTOR SAY when a patient with an untoward result asks, "Was my previous doctor at fault?" There's only one correct answer. says Dr. Joseph F. Sadusk Jr., A.M.A. medicolegal authority. It's this: "I honestly don't know. I wasn't there when he treated you."

PAY HIKE FOR BRITISH M.D.s: The National Health Service has just upped British doctors' pay an average of \$728 yearly. This lifts the average practitioner's N.H.S. income to \$6,790 per year.

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NEWS BRIEFS

WHEN PEOPLE ARE OVERLY WORRIED, how often do they turn to their family doctor for counsel? About 30% of the time, a new Michigan University study shows. They turn to clergymen 40% of the time, to psychiatrists or psychologists 20%, and to others 10%.

WHAT CAN A DOCTOR DO if a collection agency dawdles about collecting his bills? He can try suing the agency for negligence. A client of a California agency did just that, after the agency neglected for 5 years to collect a debt. Now a court has ruled that the agency must pay up—with interest.

NEW PLEA FOR SOCIALIZED MEDICINE has come from Nobel Prize-winning Chemist Linus Pauling. He says the U.S. medical system is 1 of 4 "backward" ones, along with India's, Spain's, and Trinidad's. It's "the poorest in the world when correction is made for national income," he adds. "The medical profession...[and] the Federal Government should begin immediately to consider a national health program."

NOW THAT DOCTORS ARE GETTING HIGHER FEES for life insurance examinations, a good many insurance carriers are raising the amount of coverage they will grant without a physical. According to N.Y. Actuary Joseph Sibigtroth, there's "a good chance that the most popular maximum limit [without an exam] will [soon] be \$25,000 rather than \$15,000."

WHO WANTS TO BE A DOCTOR? A new study of 2,311 Boy Scouts and Boys' Club members aged 14-16 shows that only 3%-4% say they hope to become M.D.s.

MALPRACTICE SUITS AREN'T AS RUINOUS to a doctor's professional and social standing as many people think, says Robert L. Wyckoff, M.D., LL.B. After interviewing 58 doctors who were recently sued, Dr. Wyckoff reports: None had to appear before a licensing board; none lost any hospital privileges; none had any personal cash loss; and only 6 said their practices were hurt. The one ill effect nearly all the M.D.s did note: anxiety over the suit.

BLOOD MONEY: New Hampshire's Rockingham Park race track has insured its horse-players against going home broke on at least one day of its meet. That day it will accept blood donations at \$5 per pint.

DON'T GO ON VACATION when you should be handling a patient's postoperative care, warns William F. Martin, legal counsel for the New York State medical society. Even if you get someone to cover for you, you're still vulnerable to a malpractice suit. "Don't fool yourself; you can't have your fee and your vacation too," says Martin. "If you know before you operate that you'll be away during the time you'd ordinarily be expected to handle the post-op care, you cannot safely go away!"

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NEWS BRIEFS

WHO CARES ABOUT THE FORAND BILL? New York City's medical society, which has 7,000 members, hasn't taken any official stand on health insurance for the aged. Reason: Not enough doctors attended a recent policy meeting to make a quorum of 100.

EXECUTIVE CHECK-UPS: Latest report on these company-paid special examinations for top brass shows that fees for them range as high as \$400 at hospital-connected diagnostic centers; up to \$350 at plush resort clinics. Many individual M.D.s who are entering the field are charging from \$100 to \$150.

HOW'S IT FEEL TO BE SUED FOR MALPRACTICE? Attorney Melvin Belli was asked. Recalling a \$33,000 suit against him that he lost, Belli replied: "I don't like it at all! I resent being called into court, taking the witness stand, having my books and my words thrown at me, and having it inferred that I wasn't careful. But it's the law, and I have to be responsible under the law..."

"THE DISABILITY DECISION": That's the title of a new film about Federal disability benefits that the A.M.A. and the Social Security Administration are sponsoring for doctors. Its theme: When examining a patient for disability benefits, don't give him an opinion on whether or not he rates a pension. Leave that to the Social Security people.



when emotional turbulence threatens medical or surgical care

Fear, agitation, and resistance often hinder medical diagnosis and treatment.

Sparine alleviates agitation, overcomes resistance, placates fears.

In addition to calming the patient, SPARINE controls other interfering symptoms: nausea, vomiting, and hiccups.

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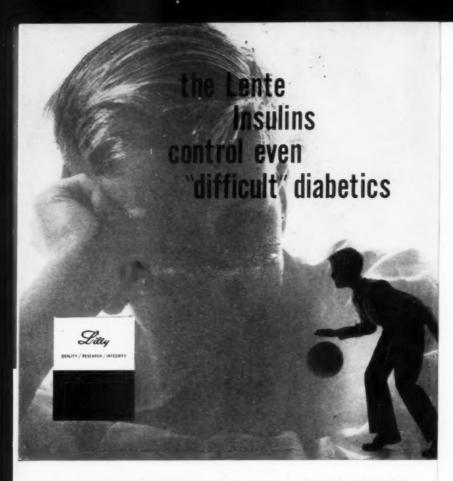
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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JUNE 20, 1960

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Your Best Buy in Disability-Income Coverage 69

Which to pick: a special disability-income policy or a rider to your life insurance? This article will help you choose

Don't Let Your Home Be an Answering Service! . . . 73

These doctors have hired a girl to take phone calls in the office during the hours when domestic life used to be at its most chaotic. Result: better service for their patients and a better deal for the physicians' families

This Home-Care Program Pays Doctors' Full Fees . . 78

In one town, the hospital not only supplies equipment for out-of-hospital care of patients better off at home, but also meets the doctor bills if the patient can't

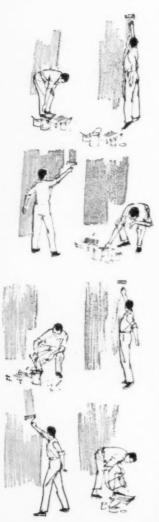
Good Protection for Your Heirs: A Living Trust 83

How can you be sure that your will is going to work out as you want it to? Watch it at work right now

Morek

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When the weekend do-it-yourselfer telephones

"...and this morning Doctor, my back is so stiff and sore I can hardly move."

there is a way to early, dependable relief of his back distress

POTENT—rapid relief in acute conditions

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EASY TO USE: usual adult dosage is one 350 mg. tablet 3 times daily and at bedtime (drowsiness may occur, usually at higher dosage)

SUPPLIED: 350 mg., white, coated tablets, bottles of 50



the pain goes while the muscle relaxes

WALLACE LABORATORIES, New Brunswick, N. J.

contents

Here's a way to figure out the actual cost of seeing a patient—any patient—in your office. You can get a good approximation if you compute your cost per minute, as this typical doctor did with the help of a management consultant

What's Being Done About Foreign Graduates 94

After July 1, house staffers trained abroad must score 70 or better on the qualifying exam of the Educational Council for Foreign Medical Graduates to be accepted by approved teaching hospitals. This should mean that you'll be working with better-qualified men. But it may also mean that there will soon be a serious shortage of residents and internes

The world is full of medical men who are famous for their nonmedical achievements. Here's the first in a series of quizzes about such physicians. Can you identify this novelist, this statesman, and this football hero by name?

If you have an efficient assistant, it's worth while taking some time and trouble to make sure she'll stay. Follow these suggestions, and she almost certainly will **More**

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ick. N. J.



saturation doses-the hard way!

Each of these food portions contains a saturation dose of one of the water-soluble B vitamins or C. The easy way to provide such quantities of these vitamins with speed, safety and economy is to prescribe Allbee with C. Recommended in pregnancy, deficiency states, digestive dysfunction and convalescence.

In each Allbee with C:

Thiamine mononitrate (B ₁)	15 mg.
Riboflavin (B ₂)	10 mg.
Pyridoxine HCI (B ₆)	. 5 mg.
Nicotinamide	50 mg.
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Ascorbic acid (Vitamin C) 25	50 mg.

As much as:* 6.9 lbs. of fried bacon 311/2 ozs. of liverwurst 2 lbs. of yellow corn

11 ezs. of roasted peanuts 1/4 lb. of fried beef liver

3/4 lb. of cooked broccoli

*These common foods are among the richest sources of B vitamins and ascorbic acid. H. A. Wooster, Jr., Nutritional Data, 2nd. Ed., Pittsburgh 1954.

Albee with C A. H. ROBINS COMPANY, INC. RICHMOND 20, VIRGINIA



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The Most Insurance for the Least Money 175

An expert tells about level-premium, decreasing term insurance. In some circumstances, this inexpensive, full-coverage life insurance may be the answer to your needs

Changing Locations? It Cost Me \$15,000 190

Looking around for a better place to practice? Then listen to one physician's story of a leap-before-he-looked move. His expensive experience may help you avoid the kind of 'moving bill' that set him back on his heels

I Consulted With an African Witch Doctor 213

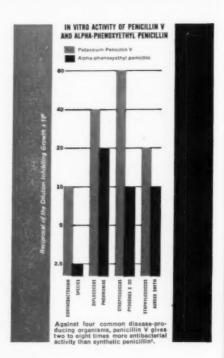
When an orthopedist on safari stopped to exchange shoptalk on treatment methods with a 'bone setter from another tribe,' he came up with a startling discovery: Medicine's the same (oh well—nearly the same) the wide world over

Good-by to Complicated Insurance Forms 227

Prodded by some of your colleagues, the nation's health insurers have finally come up with a simplified all-purpose claims form. They'd rather you used it than the doctor-designed forms that have frequently caused delayed payments and frayed tempers

More

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against common penicillin-sensitive organisms

COMPOCI LLIN-VK

gives greater antibacterial activity than synthetic penicillin1

gives (in the blood) antibacterial activity that is unsurpassed by any other oral penicillin2,3

In two sizes, 125 mg. (200,000 units) and 250 mg. (400,000 units). Usual adult dose is 125 mg. or 250 mg. t.i.d. Also comes in Granules for Oral Solution, each 5-cc. teaspoonful of solution represents 125 mg. (200,000 units) of potassium penicillin V.

1. Unpublished Data, Records of Microbiology Department, Abbott Laboratories.

Abbott Laboratories.

2. Griffith, R. S., Comparison of Antibiotic Activity in Sera after the Administration of Three Different Penicillins, Antibiot. Med. & Clinical Therapy, 7:2, Feb., 1960.

3. McCarthy, C. G., Hirsch, H. A., and Finland, M., Serum Levels after Single Oral Doses of 64.—Phenoxypropionamido) Penicillinate and Penicillin V, (25450), Proc. Soc. Exper. Biol. Med., 103:177, Jan., 1960.



BFILMTAB -- FILM-SEALED TABLETS, ABBOTT 007381

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on the spot coverage

Athlete's foot is caused by fungi invading the horny, keratinized layers of the skin that are not reached by the normal blood supply. Desenex applied topically to superficial fungous infections brings the antifungal undecylenic acid and zinc undecylenate into direct contact with the fungi. Hundreds of thousands of cures in athlete's foot have resulted from topical treatment with Desenex — proved to be among the least irritating and best tolerated of all potent fungicidal agents. Pennies per treatment — Desenex Ointment may be applied liberally to both feet every night for a week and a half from a single tube.

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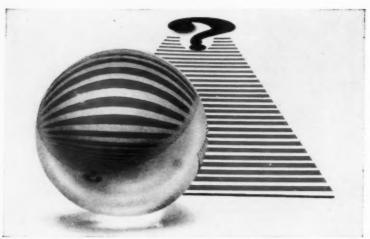
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what lurks beyond the broad spectrum?

Broad spectrum antibiotics provide the best means of combating pathogenic organisms which range from large protozoa through gram-negative and gram-positive bacteria to certain viruses at the end of the spectrum-

But beyond the spectrum lurk pathogenic fungi. It is increasingly apparent that fungal superinfections may occur during or following a course of broad spectrum antibiotics.1.2 Long term debilitating diseases, diabetes, pregnancy, corticosteroid therapy, high or prolonged antibiotic dosage, and other causes may predispose to fungal superinfections. 1.3.4

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In pediatrics: Mysteclin-F for Aqueous Drops and Mysteclin-F for Syrup are phosphate-potentiated tetracycline combined with the new antifungal antibiotic, Fungizone (amphotericin B). They provide good-tasting, fruitflavored aqueous liquids for your pediatric patients.

Supply: Mysteclin-V Capsules (250 mg./250.000 u.); Half-strength Capsules (125 mg./125,000 u.); Mysteclin-F for Syrup (125 mg./25 mg. per 5 cc.); for Aqueous Drops (100 mg./20 mg. per cc.)

for Syrup (125 mg, 125 mg, per 5 cc.); for Aqueous Brons (100 mg, 20 mg, etc.), and (101 mg, 20 mg, etc.), and (102 mg, etc.), and (103 mg, etc.

WYSTECLIN'S, 'SUMYCIN'S, 'MYCOSTATIN'S, AND 'FUNGIZONE'S ARE SQUIBS TRADEMARKS.

Letters

Jurisdictional Disputes

Sirs: . . . Your article on the clashing of various medical specialties was timely, interesting, and —unfortunately—accurate.

The lesson to be learned, if there are ears to hear, is that the human body simply does not lend itself to segregation into tiny, independent spheres. The only hope, therefore, is to change the nature of the specialties to conform more rigidly to the physiology of the body rather than to the anatomy, as it does at present.

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Marshall I. Nevin, M.D. Brooklyn, N.Y.

Rating Teaching Hospitals

SIRS: When I read "The Best Teaching Hospitals," I was interested in the names of the thirteen institutions the authors picked as best. But I was even more interested in the basic tests that determined the selections. From my years of experience in teaching hospitals, I'd like to add three criteria of my own for rating such institutions:

1. In the first-rate teaching hospital, staff doctors show a keen interest in the teaching program—

even if this means they suffer a loss in their own practices.

Internes and residents are made to feel important to the outpatient department and are treated and respected as young doctors.

The teaching program is of a type that attracts graduates of American medical schools.

Why doesn't MEDICAL ECONOMICS single out the two or three best teaching hospitals in each region—the Northeast, the South, the Southeast, etc.? Such a tabulation would encourage all teaching hospitals to try to gain recognition.

Leigh J. Crozier, M.D.

Director
Hermann Hospital
Houston, Tex.

Admit What Mistake?

SIRS: Plaintiffs' Attorney Stanley Tessel says that the best way a doctor can ward off a malpractice suit is to admit his mistakes. Of course Mr. Tessel says this. Why shouldn't he? The more the doctor talks, the more chance the plaintiff's attorney has of pinning something on him.

My insurance company's advice to physicians who are policyholders is quite the reverse. Unless

Continued on page 20

in edema or

more doctors are prescribing—
 more patients are receiving the benefits of—
 more clinical evidence exists for—



"Chlorothiazide was given to 16 patients for a total of 295 patient-treatment days." "Chlorothiazide is a safe, oral diuretic with a clinical effect equal to or greater than a parenteral mercurial." Harvey, S. D. and DeGraff, A. C.: N. Y. State J. Med., 59:1769, (May 1) 1959.

DOSAGE: Edema—One or two 500 mg. tablets DIURIL once or twice a day. Hypertension— One 250 mg. tablet DIURIL twice a day to one 500 mg. tablet DIURIL three times a day.



"... our program has been one of polypharmacy in which we attempt to deplete body sodium with chlorothiazide. This drug is continued indefinitely as background medication for all antihypertensive drugs." Moyer, J.H.: Am. J. Cardiology, 3:199, (Feb.) 1959.



"Chlorothiazide is an excellent agent for relief of swelling and breast soreness associated with the premenstrual tension syndrome, since all patients [50] with these complaints were completely relieved." Keyes, J. W. and Berlacher, F. J.: J.A.M.A., 169:109, (Jan. 10) 1959.

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"One hundred patients were treated with oral chlorothiazide." "In the presence of clinically detectable edema, the agent was universally effective." "Chlorothiazide is at present the most effective oral diuretic in pregnancy." Landesman, R., Ollstein, R. N. and Quinton, E. J.: N. Y. State J. Med., 59.66, (Jan. 1) 1959.



"All three of the patients with Laennec's cirrhosis, ascites and edema had a favorable response, with a mean weight loss of 8 lbs., during the five-day treatment period with a slight decrease in edema." Castle, C. N., Conrad, J. K. and Hecht, H. H.: Arch. Int. Med., 103:415, (March) 1959.



"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent."

Burch, G. E. and White, M. A., Jr.: Arch. Int. Med., 103:369, (March) 1959.



MERCK SHARP & DOHME Division of Merck & Co., Inc., Philadelphia 1, Pa.

MEDICAL ECONOMICS - JUNE 20, 1960 19

Letters

emergency requirements preclude any delay when the question of a possible mistake arises, we advise the physician to make no comment of any kind until he has called the law department of our home office for guidance. The main reason for this is that the doctor may assume he has made a mistake when in fact he hasn't.

Say the doctor is using a hypodermic needle and the needle breaks. He stops and says: "Oh, oh! I broke the needle. We'll have

to get it out." Later examination shows the needle to have been defective. The doctor's only mistake. it turns out, was saying that he'd broken the needle. He raised a question of liability that wouldn't otherwise have existed.

Our advice to physicians is this: Button your lip until you've had legal advice.

> T. E. Haberkorn Vice President Medical Protective Company Fort Wayne, Ind.

Portrait of a Chiseler

Sirs: Talk about chiseling patients! Here's a true story for you: Years ago, when I was prac-

for continued patient cooperation and better diabetic control

fully standardized urine-sugar test with "urine-sugar profile" recording chart . . . dependable, day-to-day visualization of diabetes control

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20 MEDICAL ECONOMICS : JUNE 20, 1960

AMES



IN THE TREATMENT OF PSORIASIS



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RIASOL contains 0.45% Mercury chemically combined with soaps, 0.5% Phenol, and 0.75% Cresol. Available at pharmacies or direct in 4 and 8 fluid ounces. Write for professional sample and literature.



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Letters

ticing in rural Colorado, I was called forty miles out into the country on a bitter cold night. A woman patient reported a badly injured ankle. I diagnosed her case as a painful sprain and treated it as such. And because of her alarm, I advised her—with no success—to go to the hospital for an X-ray.

Still, results were favorable, and she was soon walking normally. She walked normally, that is, until I presented my bill. At that point, she produced an X-ray of a fractured ankle, said she'd had it taken in Denver—and threatened to sue if I tried to collect.

I was convinced I'd been right in my diagnosis. But rather than go through a malpractice suit, I gave in. I receipted her bill.

Months later, I learned that the X-ray picture that scared me off had been taken of her *sister's* fractured ankle.

> A. L. Day, M.D. Portland, Ore.

Malpractice Turnabout

SIRS: I'd like to hazard a guess as to how the current rash of highclaim malpractice suits against the

anorectic-ataractic meprobamate 400 mg., with d-amphetamine sulfate 5 mg., Tablets

FOR THERAPY OF OVERWEIGHT PATIENTS

- d-amphetamine depresses appetite and elevates mood
- meprobamate eases tensions of dieting (yet without overstimulation, insomnia or barbiturate hangover).

Dosage: One tablet one-half to one hour before each meal.

A LOGICAL COMBINATION IN APPETITE CONTROL

in neurotic depression

DEXAMYL®

orand of dextro amphetamine and amobarbital

lifts mood and combats inertia



In marked contrast to tranquilizers—which often produce an attitude of indifferent calm—'Dexamyl' helps neurotic, depressed patients to face life with optimism and energy. Patients on 'Dexamyl' often find it easier to take part in daily activities.

Dexamyl's positive mood effect is usually apparent within 30 to 60 minutes. This is true whichever form you prescribe (Spansule® capsules, Tablets, or Elixir). 'Dexamyl' has been used successfully and safely as an antidepressant for more than a decade.

leaders in psychopharmaceutical research

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Letters

medical profession will be ended. Bolstered by a desire to "get even" with somebody, litigation-minded patients who lose suits against their doctors will eventually turn around and sue their lawyers for negligence in managing the suits.

If this happens often enough, the end of these malpractice suits against doctors-and their fantastic awards-may be in sight. Lawyers will be afraid to touch such cases.

> Leo Lewin, M.D. Mount Arlington, N.J.

Rockaby Baby

SIRS: A mother recently asked me to pass along to the other mothers in my pediatric practice her solution to the problem of what to do about the cranky, irritable baby. She tells me she discovered her magic formula entirely by accident.

One morning, while she was trying to take care of her several children and dry the family laundry at the same time, the new baby began to cry at the top of his lungs. Without thinking, the mother scooped the infant into her arms. patted him for a moment, then plumped him onto the top of the automatic drier. Instantly, the vibration of the machine caused the baby to stop crying and break into a happy gurgle. The problem was solved.

Now, the minute the baby begins to whimper, she puts him atop the drier and turns the dial to "spin dry." She says she isn't sure what all this is doing to her drier. But she's absolutely sure what it does to her baby's disposition-and to her own.

> James R. Guthrie, M.D. Ossining, N.Y.

M.D.s and Salesmanship

SIRS: I'm the wife of a physician and a member of the League of Women Voters. And these facts have given me an idea.

Is Forand-type legislation going to be stopped by quiet, person-toperson reasoning? I doubt it. The only way to halt such proposals, it seems to me, is through a centralized, AMA-directed campaign using TV, radio, and newspapers.

Sound like the Madison Avenue method? What of it? The dangers of Forand-type legislation may have to be sold in the same way breakfast cereal is sold. The League of Women Voters has frequently got good legislative action by employing just such techniques. Is there any reason why physicians shouldn't do the same thing?

M.D.'s Wife, Indiana



keep blood flowing to aging extremities for 12 hours WITHJUST 1 PRISCOLINE LONTAB

Priscoline, the reliable vasodilator, is now available in unique long-acting form —Lontabs. Indicated in arteriosclerotic peripheral vascular diseases, Raynaud's disease, thromboangiitis obliterans, postoperative and postpartum thrombophlebitis, and other conditions marked by impaired circulation to the extremities. Complete information available on request. Supplies: Priscoline Lontabs, 80 mg. (15 mg. outer shell, 65 mg. inner core).

PRISCOLINE® hydrochloride (tolazoline hydrochloride CIBA)LONTABS® (long-acting tablets CIBA)

all of these patients have anxiety symptoms;



*but <u>half</u> need an antidepressant, not a tranquilizer

IN DEPRESSION AND DEPRESSION-INDUCED ANXIETY

the common problems basically unresponsive to tranquilizers

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depression—a common problem in office practice...

"It is generally acknowledged that at least 40 to 50 per cent of the patients seen in private practice have emotional problems and that true depressions or depressive equivalents are found in more than half of these." Cooper, J. H.: J. Am. M. Women's A. 14:988, 1959

anxiety often "masks" underlying depression...

"Although ataractics have a definite place in therapeutics, their use in depressed states is limited, and in many cases even contraindicated. A large number of patients with psychogenic disorders are given ataractics for the relief of anxiety symptoms. Since the anxiety is actually due to depression, the response, if any, is transient and occasionally the patient may become worse...."

Hobbs, L. F.: Virginia M. Month. 86:692, 1959

Name of phenelzine dihydrogen sulfate

relieves the anxiety by removing the depression itself



dosage: One tablet three times a day.
supplied: Orange-coated tablets, each containing 15 mg. of phenylethylhydrazine present as the dihydrogen sulfate. Bottles of 100,

Complete Nardil Bibliography on request to the Medical Department.

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IN ANGINA PECTORIS AND CORONARY INSUFFICIENCY

... treatment should also control the patient's ever-present anxiety about his condition.



AFTER MYOCARDIAL INFARCTION

... the disabling fear and anxiety that invariably accompany the condition must also be reduced.

Protects your coronary patient better than vasodilation alone

Unless the coronary patient's ever-present anxiety about his condition can be controlled, it can easily induce an anginal attack or, in cases of myocardial infarction, considerably delay recovery.

This is why Miltrate protects the heart better than vasodilation alone in coronary artery disease. Miltrate contains not only PETN (pentaerythritol tetranitrate), acknowledged as basic therapy for long-acting vasodilation. What is more important — Miltrate provides Miltown, the tranquilizer of *proven* effectiveness in relieving anxieties, fear and day-to-day tension.

Thus, your patient's cardiac reserve is protected against his fear and concern about his condition... and his operative arteries are dilated to enhance myocardial blood supply.

Miltrate[®]

Miltown @ (meprobamate) + PETN

WALLACE LABORATORIES / New Brunswick, N. J.

28 MEDICAL ECONOMICS · IUNE 20, 1960

Supplied: Bottles of 50 tablets, Each tablet contains 200 mg. Miltown and 10 mg. pentaerythrial tetranitrate.

Dosage: 1 or 2 tablets q.i.d. before meals and at bedtime, according to individual requirements.

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News

Appointment With Doctor Stands Up in Court

Recognition that an appointment with a physician is at least a moral if not a legal obligation has come from a court of law.

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XUM

When the patient of a Charlottesville, Va., doctor was arrested recently, the man protested that a jail sentence would make him break an appointment for treatment. He was able to pull out an appointment slip to prove it.

The judge of the municipal court jailed him nevertheless, but ordered that he be released temporarily to get to the doctor at the appointed time.

M.D.s and Lawyers Agree On Fees for Testifying

Various doctor-lawyer codes have suggested standard fees doctors might charge for medical reports or other services in legal cases. Now suggested fees for sixteen of these services have been listed in one guide approved by the San Mateo County (Calif.) Medical Society and the bar association there. Sample items:

¶ Filling out a printed medical form, \$5.

¶ One-page letter or short written report, \$10.

¶ Standard medical report including history, examination, diagnosis, etc., \$25.

¶ One-hour pretrial conference or deposition, \$35.

¶ One- to two-hour pretrial conference or deposition, \$50.

¶ Extensive review of hospital records or diagnostic reports, \$50.

Brief court appearance, \$75.

¶ Standard appearance in court as an expert witness, \$150.

Clinic Owes Everything To One Family

It's not uncommon to find a doctor's parents who had to skimp and scrape to put their son through medical school. But how about parents who thus managed to put four sons through medical school and a fifth through dental school? That's the proud record of Andrew Magliolo Sr., whose five sons now practice together in the Magliolo Clinic of Dickinson, Tex.

When Andrew Sr. arrived in Galveston from Italy as a youth, he barbered for seventeen hours some days and earned \$12 or \$13

Continued on page 32



XUM

relaxes skeletal muscle spasm so the patient can continue to work.

Clinical experience¹⁻⁴ shows that Trancopal will enable your patients with low back pain and other skeletal muscle spasm to stay on the job. A true "tranquilaxant," Trancopal "... combines the properties of tranquilization and skeletal muscle relaxation with no concomitant change in normal consciousness." Side effects have been few and minor; 1-4 "Trancopal is exceptionally safe for clinical use."

Dosage: Adults, 200 or 100 mg, orally three or four times daily. Relief of symptoms occurs in fifteen to thirty minutes and lasts from four to six hours. How Supplied: Transpal Caplets®

200 mg. (green colored, scored), bottles of 100.

100 mg. (peach colored, scored), bottles of 100.

References: 1. Ganz, S. E.: J. Indiana M. A. 52:1134, July, 1959. 2. Gruenberg, Friedrich: Current Therap. Res. 2:1, Jan., 1960. 3. Lichtman, A. L.: Kentucky Acad. Gen. Pract. J. 4:28, Oct., 1958. 4. Mullin, W. G., and Epifano, Leonard: Am. Pract. & Digest Treat. 10:1743, Oct., 1959. 5. Shanaphy, J. F.: Current Therap. Res. 1:59, Oct., 1959.

Trancopal®

Winthrop LABORATORIES . New York 18, N. Y.

News

a week. On this salary he married, and then raised seven children. With the help of his wife and his oldest daughter, he managed to save enough to give five of these children full professional training.

The children worked hard, too—at odd jobs while they were in medical school. And their enthusiasm for hard work showed itself again in 1939, when the oldest brother—Dr. Joseph C.—moved to Dickinson (population then 3,500) and started a practice. It

brought in only \$60 the first month, but soon it flourished.

Seven years later, Dr. Andrew J. returned from the war and bought into Dr. Joseph's flourishing practice. Two years more, and Dr. Adolph P. (the dentist) moved into the partnership's new office building and began to pay his share of the rent.

In 1949, ten years after Dr. Joseph had set up shop, the population of Dickinson had grown to 6,000. In that year Dr. Albert M. moved in and became a partner. Another three years passed, and

Continued on page 38



SURROUNDED by his five sons—four physicians and a dentist—Andrew J. Magliolo Sr. (in shirt sleeves) proudly recalls that he put all five through college and professional schools on a barber's wages.



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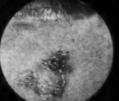
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Tinea Barbae (fungal)



Impetigo



Atopic Dermatitis (allergic)

Sycosis Vulgaris (bacterial)

Dermatoses may be similar in appearance, and yet have widely different etiologies. Secondary infection with bacteria and/or fungi may further complicate the diagnosis.

Regardless of the cause ... allergic, fungal, or bacterial ... begin successful treatment with

Dermatologic Ointment / nongreasy / nonstaining



A PIONEER IN VITAMIN RESEARCH Merck Sharp & Dohme

Announces 3 new pediatric

	the following	
REDIPLETE, ADC DROPS	Minimum Daily	
	Requirements (MDR): Infants Children	
Each 0.6 cc. contains:	The state of the s	
Vitamin A 1.5 mg(5,000 U.S.P. units) (Synthetic)	3.3 MUH1.7 MUR	
Vitamin D 25 mcg(1,000 U.S.P. units)	2.5 MDR2.5 MDR	
Vitamin C50 mg	5.0 MDR2.5 MDR	
Supplied: 15 cc., 50 cc., both in ambe-	bottles with separate,	
plastic calibrated dropper (0.3 and 0.6	cc.)	
DEDINI ETE	Each 0.6 cc. supplies	
REDIPLETE.	the following	
POLYVITAMIN DROPS	Minimum Daily	
	Requirements (MDR):	
Each 0.6 cc. contains:	Infants Children	
Vitamin A 1.5 mg(5,000 U.S.P. units). (Synthetic)		
Vitamin D 25 mcg(1,000 U.S.P. units).	2.5 MDR2.5 MDR	Comment of the
Vitamin C75 mg.	7 MDR3.5 MDR	100
Pyridoxine HCl (Bo)1 mg	Requirement A	100
	not established)	1000
Riboflavin (B ₂)1 mg		M.
Thiamine HCI (B1)1 mg.	4 MDR1.5 MDR	W/35 4
Cyanocobalamin (812)3 mcg		Value of
	Requirement	5500
Nicotinamide 10 mg.	not established)	
Supplied: 15 cc., 50 cc., both in amber		
plastic calibrated dropper (0.3 and 0.6		-
		1200
REDIPLETE	Each 5 cc. supplies	
PEDIATRIC SYRUP	the following	RE
The state of the s	Minimum Daily	RE
Each 5 cc. (1 teaspoonful)	Requirements (MDR):	
contains:	infants Children	
Vitamin A 0.9 mg(3,000 U.S.P. units)	2 MDR1 MDR	E POST TO
(Synthetic)	25 1000 25 1000	BANK
Vitamin D 25 mcg(1,000 U.S.P. units) Vitamin C		BANC
Pyridexine HCl (B _a)1.0 mg		Page 14
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Riboflavin (B ₂)	2.5 MDR1.7 MDR	To Asset
Thiamine HCI (B1)1.5 mg	6 MDR2 to 3 MDR	-
Cyanocobalamin (8 ₁₂)5 mcg		15
	Requirement not established)	FA 3.4
Nicetinamide10 mg		5 24
Plus preservative and nitrogen propelle		. 20
Supplied: 8-oz. delivery in 12-oz. aeroso		Me Co
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c vitamin formulations and promote health during the period

to help of greatest metabolic activity



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if **you** were writing a paper on the treatment of allergies ...



your literature search would reveal that New DIMETANE is recommended antihistaminic therapy

therapy HIGHLY EFFECTIVE/A.M.A. COUNCIL ON DRUGS J.A.M.A. 170:194, 1959 "...a high order of antihistaminic effectiveness and a low

incidence of side effects."

SIDE REACTIONS AS FEW AS PLACEBO / NEW ENGLAND J. MED. 261-478, 1959 (Schiller, I. W., and Lowell, F. C.) "In contrast to the frequency of central-nervous-system-stimulating or sedative effects produced by chlorprophenpyridamine was the virtual freedom from these relatively disagreeable effects.... Side effects in patients taking placebo were as frequent as those seen with parabromdylamine (Dimetane)."

NO PENALTY FOR ANTIALLERGIC POTENCY / AN-NALS OF ALLERGY 17:19, 1959 (Lipman, W. H.)

that we have used"

EXCELLENT PATIENT RESPONSE EVEN IN THOSE INTOLERANT OF OTHER ANTIHISTAMINES / ANNALS OF ALLERGY 16:128, 1958 (Thomas, J. W.) "94.6%" EFFECTIVENESS RATE IN ALLERGIC AND PRURITIC DERMATOSES / ANTIBIOTIC MED. & CLIN. THERAPY 6:275, 1959 (Lubowe, I. I.)

"91%" EFFECTIVENESS RATE IN RESPIRATORY ALLERGIES / NEW YORK STATE J. MED. 59:3060, 1959 (Fuchs, A. M., and Maurer, M. L.)

Your literature search will turn up many more references describing the safe efficacy of Dimetane in almost the entire range of common allergies. Reprints are available. SUPPLIED: ORAL: Tablets (4 mg.) or Extentabs® (12 mg.), bottles of 100, 500. Elixir (2 mg./5 cc.), bottles of 1 pint. INJECT-ABLE: Dimetane-Ten (10 mg./cc.) in 1 cc. ampuls, boxes of 6. Dimetane-100 (100 mg./cc.), 2 cc. size multiple dose vials in boxes of 1.

Dimetane (PARABROMOVIAMINE MALEATE)

A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA ETHICAL PHARMACEUTICALS OF MERIT SINCE 1878

News

Dr. Amedo A. joined the partnership. As an OB/Gyn. man, he's the clinic's only specialist.

Today the clinic is still growing. The partners have had to hire a G.P. from outside the family and are looking for still another. They now have sixteen employes, including their business manager, who's married to their older sister.

Three of the brothers have been chief of staff at a near-by hospital. In civic activities, they number among themselves two bank directors, two former Lions' Club presidents, a school board member, a Boy Scout commissioner, and a former Chamber of Commerce president. So it's obvious the Magliolos are still working hard. In fact, the only time they've rested recently was when the Galveston Rotary Club honored the whole family at a dinner.

Emergency Call Brings Trio Of Doctors—None M.D.s

Have you so far ignored the A.M.A.'s plea to use "M.D." after your name instead of that ambiguous "Dr." in front? Then consider the kind of mix-up that the "M.D." might eventually eliminate:

A Ph.D. stopping overnight in a Raleigh, N.C., hotel received an emergency call. A bellhop rounded him up in a general alarm for all doctors on the premises to rush to the aid of a bathing beauty with a sprained hip. The Ph.D., relates the Raleigh News & Observer, "ran like an excited antelope to the girl's room but found an entomologist and a Doctor of Divinity already in attendance."

The three doctors finally acknowledged there wasn't an M.D. in the house.

'If They Dislike the Aide, They May Sue the Doctor'

Many a doctor gets sued for malpractice when the patient feels his real error was coldness and lack of sympathy. Do patients also sue their doctor when they feel the same way about his aides? They do indeed, reports a lawyer who's in the know.

William J. McAuliffe Jr. of the A.M.A.'s law division notes that a recent study of patients who sued their doctors uncovered several patients who bore grudges against the doctor's receptionist, and a few others who had it in for the doctor's nurse.

Typical of these patients' comments was one by a woman who'd been paid a settlement for her claim against her doctor. Asked why she'd sued him in the first place, she confessed it was because "the doctor's receptionist wasn't nice. She kept the doctor behind an



"relieved overt symptoms"

In combination with a mild diuretic, "meprobamate in our series completely or virtually relieved overt symptoms of premenstrual tension in 86 of 100 women." Before therapy "...85 per cent had temper tantrums and outbursts of fitful and inappropriate crying."*

EQUANIL (meprobamate, Wyeth) relaxes mind and muscle. Hundreds of published papers attest to its efficacy in tension accompanied by anxiety, its high index of safety, its specific action, its freedom from ataxic or extrapyramidal side-effects, freedom from cumulative effects. Although rare, allergic reactions may occur; excessive

dosage should be avoided in all patients. For further information on prescribing and administering EQUANIL see descriptive literature, available on request.

Wyeth Laboratories Philadelphia 1, Pa. *Podolsky, E.: Journal-Lancet 79:318 (July) 1959.



Meprobamate, Wyeth



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iron curtain. You could never reach or talk to the doctor. I never got the doctor no matter how serious it was. She was snobbish, with an unpleasant voice."

Japanese Stocks Attract American Investors

Many American physicians are well aware that the stock market recently dropped to its lowest point in the last year and a half. But at least a few are also aware that the Tokyo Stock Exchange Index nudged 1,100 points recently-300 points above what it was a year ago. This rise illustrates why more American investors are investing in Japan.

Most economists credit these two factors for the boom there:

1. Construction work in Japan has been increasing. So have industrial output and retail sales. In fact, according to The Wall Street Journal, 380 Japanese firms that just closed their half-yearly accounts report a 30 per cent gain over the same period a year ago.

Dividends in Japan are fatter than ours. Two years ago the average stock yield on the Tokyo exchange was 6.8 per cent. And such yields encourage stock buying, as does the ease of making stock transactions. Many conservative

issues can be casually bought-for as little as 20 cents a share—at any Tokyo department store.

There's only one serious drawback for Americans investing in Japan: Withdrawal of capital must be spread over seven years. But dividends may be taken out of Japan as soon as they're paid.

If the Japanese market keeps booming, it may well attract more Americans not in a rush to withdraw their profits, Wall Streeters predict.

These Part-Time Offices Are Rented by the Hour

Fifty doctors have found a way to get part-time office space without having to sign leases or buy expensive equipment. They simply rent fully equipped offices by the hour. They hang up their shingles when they arrive and take them down when they leave.

The seven New York City offices that the fifty doctors use between them are equipped with fluoroscope, diathermy, and ultraviolet machines. As part of the rental fee, each doctor is also supplied with a sterilizer, supplies like cotton and tongue depressors, and storage space for instruments and files. Messages are taken and appointments are made for the doctors by a telephone operator on duty from 8:30 A.M. to 9 P.M. six days a week. The rest of the time



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specifically leveled at topical skin therapy

free from hazards of systemic absorption on topical application...effective, economical...for any steroid-responsive skin disorder...available as Foam Aerosol, Aerosol and Cream with or without neomycin

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FROM PARKE-DAVIS...A NEW ORAL ANTIBIOTIC

Humatin

(PAROMOMYCIN, PARKE-DAVIS)

PROVIDES EFFECTIVE ANTIBACTERIAL AND ANTIAMEBIC ACTIONS. USEFUL IN INFECTIOUS DIARRHEAS OF BACILLARY AND NONSPECIFIC ETIOLOGY." PRACTICALLY UNABSORBED, THUS VIRTUALLY NONTOXIC." VALUABLE IN ALL FORMS OF INTESTINAL AMEBIASIS-ACUTE, SUBACUTE, AND CHRONIC. EFFECTIVE IN PREOPERATIVE SUPPRESSION OF INTESTINAL FLORA, AND IN ADJUNCTIVE MANAGEMENT OF HEPATIC COMA."

Supplied: Humatin is supplied as the sulfate in Kapseals.* each containing 250 mg. of base; bottles of 16. Literature supplying details of dosage and administration available on request. References: (1) Courtney, K. O., & Thompson, P. E.: Paromomycin As a Therapeutic Substance for Intestinal Amebiasis and Bacterial Enteritis, Antibiotics Annual 1939-1960, New York, Medical Encyclopedia Inc., in press. (2) Godenne, G. D.: Paromomycin in Diarrheas of Infants and Children, Antibiotics Annual 1959-1960, New York, Medical Encyclopedia Inc., in press. (3) McMath, W. F. T., & Hussain, K. K.: Pub. Health 73:328, 1959. (4) Personal Communications to the Department of Clinical Investigation, Parke, Davis & Company, 1959. (5) Shafei, A. Z.: Antibiotic Med. & Clin. Therapy 6:275, 1959. (6) Elias, F. L., & Oliver-Gonzalez, J.: Antibiotic Med. & Clin. Therapy 6:584, 1959. (7) Carter, C. H.: Antibiotic Med. & Clin. Therapy 6:586, 1959. (8) Fast, B. B., et al.: Arch. Int. Med. 101:467, 1958. (9) Mackie, J. E., et al.: New England J. Med. 259:1151, 1958. (10) Stormont, J. M., et al.: New England J. Med. 259:1151, 1958.

PARKE, DAVIS & COMPANY · Detroit 32, Michigan PARKE-DAVIS

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News-

telephone calls are taken by an answering service.

For these conveniences, each doctor pays the management—a real estate company:

1. Either a base rental of \$20 a month, plus an extra \$1.75 an hour for using an office at irregular hours.

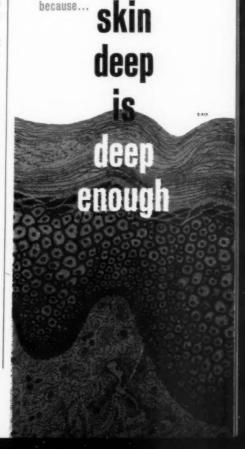
2. Or a base rental of \$29.50 a month, plus an extra \$6 a month for each regular weekly hour that the office is used.

Who are the fifty doctors renting these offices? The largest number are suburban or out-of-town specialists who need quarters for occasional New York consultations. Many are semiretired men who don't need full-time offices. Still others are young doctors who see a few patients at these offices in the hope of building a larger practice with the help of the prestige address.

Misusers of Credit Cards May Hike Costs for Users

Doctors in some states have been warned against participating in credit card plans for payment of medical bills. Those who heeded such warnings may soon be glad they did: Misuse of credit cards is now costing the major issuing companies several million dollars a year. And as The Wall Street Jour-





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CHEL-IRON PLUS

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TABLETS

CHELATED IRON...like the iron of hemoglobin...clinically confirmed as effective in hematopoiesis¹...with a built-in molecular barrier against g.i. intolerance and systemic toxicity.^{1,2} Permits administration on empty stomach for greater iron uptake...safeguards children in the home against growing problem of accidental iron poisoning.^{1,3} PLUS ESSENTIAL VITAMINS...effective levels of B₁₂, folic acid, five other B vitamins, and C — with particular emphasis on pyridoxine, especially important during pregnancy.

Usual Dosage: 1 tablet t.i.d.

Also Available: CHEL-IRON Tablets, Liquid, and Pediatric Drops.

Franklin, M., et al.: J.A.M.A. 166:1685, 1958.
 A.M.A. Council on Drugs: J.A.M.A. 127:891, 1959.
 A.M.A. Committee on Toxicology: J.A.M.A. 170:676, 1959.



*U. 3. PAT. 2,575.61

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-News

nal remarks, "It doesn't take a very large loss to make such an operation unprofitable."

How are credit cards being misused? The newspaper illustrates by telling the story of one former advertising executive who recently motored through the Southwest. Every two weeks, he charged a new set of tires on his credit card. But he took cash instead of the tires and kicked back some of it to the tire dealer. The oil company that had issued the card was eventually stuck with an uncollectible bill for \$3,000.

Other credit card con men have passed bad checks by using credit cards as references. Or they've run up bills on cards that were lost or stolen.

Naturally, the issuing companies haven't been taking such shenanigans quietly. The companies have (1) had laws passed making it a crime to charge goods on an invalid card, (2) embossed the cards and used colored fibers to make the cards harder to counterfeit, (3) blacklisted misusers of credit cards, (4) reduced the amount of credit allowable at any one time, and (5) simply charged more for cards in order to make up losses.

Still, there are a few expenses in the credit card business that the issuers can't do much about. The new...

first chlorinated steroid

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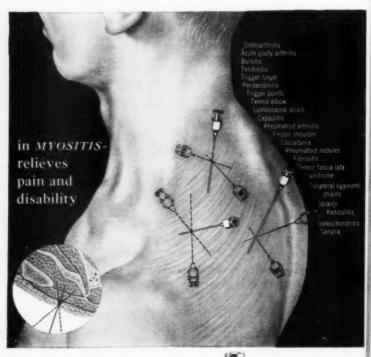


specifically leveled at topical skin therapy... superior dispersibility; cosmetic elegance assures patient acceptance; economical in use...special valve prevents waste. DILODEW Form Agrosal or NIO-

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HYDELTRA-TBA. Greed-inclose for filery-buy/facetals, M.

for relief that lasts - longer



Anti-inflammatory effect lasts longer than that provided by any other steroid ester



Desage: the usual intra-articular, intra-bursal or soft tissue dose ranges from 20 to 30 mg, depending on location and extent of pathology.

Supplied: Suspension 'HYDELTRA'-T.B.A.—20 mg./cc. of prednisolone tertiary-butylacetate, in 5-cc. vials.



MERCK SHARP & DONNE DIVISION OF MERCK & CO., INC. PHILADELPHIA 1, PA.

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Wall Street Journal notes, for example, that the companies have now issued so many cards that they're starting to run out of potential customers who are really good credit risks. So as they expand still further, they can expect to lose money by issuing more cards to people who aren't good risks.

I.R.S. Takes Dim View of Florida Rent Deductions

If you advise one of your patients to go South for his health, he can expect to get his travel costs approved as a tax-deductible medical expense. The internal Revenue Service says it will abide by a recent Tax Court ruling that allowed such a deduction. But the I.R.S. also says it will resist another part of the same Tax Court ruling. This part permitted the taxpayer to deduct a portion of his rent while there.

The taxpayer is a New Jersey attorney who had suffered four heart attacks. When his physician advised him to spend the winter in a warmer climate, he took his wife and child to Fort Lauderdale, Fla. To make this possible, he gave up a \$150-a-week drawing account from his law firm and settled for teaching school at \$50 a week.

Confronted with this case, the Tax Court ruled that the man's

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specifically leveled at topical skin therapy...

rapid, prolonged relief in others; burning dermatores supercially for difficult to reach and hairy area. DILDOEM Assessed or NEO DILBOEM Amount on the forestern assistance.

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own expenses were "essential to medical care." It allowed him to tax-deduct his travel costs and onethird of the total rent. But deductions for the rest of his family weren't allowed. The family didn't have to go with him, the Tax Court pointed out.

In restating its policy after this case, the Revenue Service contends that the rent deduction goes beyond the intent of the law. As far as the I.R.S. is concerned, a tax-payer can't deduct food or lodging costs while away from home for

medical care unless they're part of the cost of hospital care.

Meanwhile, the New Jersey lawyer is fighting part of the Tax Court ruling, too. He feels he should be able to deduct the Florida rental expenses for his whole family.

Doctors Who Quit Rejoin 'Model' Malpractice Plan

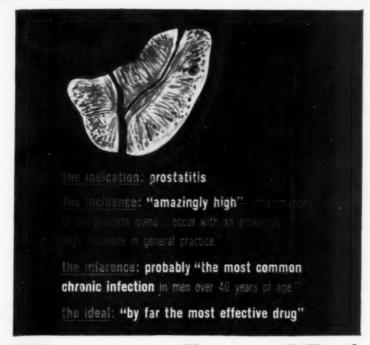
Sacramento physicians pulled out of Northern California's "model" malpractice insurance plan two years ago because they couldn't get lower premium rates on the basis of their small number of malpractice suits. They claimed it wasn't fair for them to pay as much as San

Trophite for appetite



High potency B₁₂ & B₁ preparation. Each delicious teaspoonful, or each convenient tablet, contains 25 mcg. B₁₂; 10 mg. B₁

SMITH KLINE & FRENCH



"... by far the most effective drug to be employed, and this has been substantiated in practice. It is a drug of low toxicity and, what is more important, bacteria rarely if ever become resistant to it. It can be employed for long periods of time, is bactericidal and does not favor the appearance of monilial infections,"3

In acute and chronic prostatitis benign prostatic hypertrophy (to prevent or treat concomitant infection) • postoperatively in prostatic surgery

Supplied: Tablets, 50 and 100 mg., Oral Suspension, 25 mg. per 5 cc. tsp.

References: 1. Campbell, M. F.: Principles of Urology, Philadelphia, W. B. Saunders Co., 1957. 2. Farman, F., and McDonald, D. F.: Brit. J. Urol. 31:176, 1959.

3. Sanjurjo, L. A.: Med. Clin. N. America 43:1601, 1959.

EATON LABORATORIES, NORWICH, NEW YORK

MEDICAL ECONOMICS · JUNE 20, 1960 49

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News

Franciscans, for example, where malpractice claims are much higher. But now Sacramento doctors are back in the group plan—which the American Mutual Liability Insurance Company writes for twenty-three Northern California counties.

In the meantime, say some of the doctors, they learned this lesson:

Other carriers may offer lower rates. But such carriers may also cancel the policies of the whole society after just one sizable malpractice claim is settled.

That was the Sacramento County society's experience with Lloyd's of London. When Lloyd's offered the society's more than 400 members "equally good coverage at a substantially lower yearly cost," 30 per cent of the medical society's membership switched over. Others joined their specialty group plans or got individual coverage. That was in May, 1958.

Then, in 1959, Lloyd's settled a malpractice claim in Sacramento for \$63,000. Since this was more than the whole Sacramento society's annual premium, Lloyd's sent a 30-day cancellation notice on Oct. 15, 1959.

Lloyd's was later persuaded to continue its coverage to the end of the policy year. But doctors who joined the society after last Nov. 15 had to get individual coverage.

Then Lloyd's proposed to continue the coverage for another year—but at an annual increase of about \$50 per doctor. At this point, the Sacramento society decided to shop around. Among the bidders, Lloyd's and American Mutual were willing to write the same kind of contract. And with the Lloyd's increase and a recent 5 per cent reduction by American Mutual, premiums were almost the same.

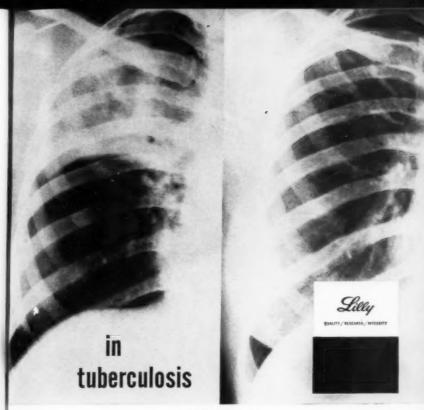
There was one big difference that brought the doctors back to their old carrier. Lloyd's wouldn't give any protection against cancellations. American Mutual, on the other hand, has always agreed never to cancel more than 10 per cent of the members' policies in one year.

Do Away With Blue Shield Income Ceilings?

It's no longer practical for a doctor to base his fees on the patient's income, says Dr. Matthew Marshall Jr. of Pittsburgh. Blue Shield plans still expect him to, but "few physicians can or do investigate the financial status of their patients." He recommends a much easier way to set fair fees:

"The patient advertises his income by the hospital bed he selects," says Dr. Marshall, a mem-

Continued on page 54



2-23-56 10-15-56

SEROMYCIN®

Previously untreated female patient, twenty-one years old, given 500 mg. Seromycin and 200 mg. INH daily in divided doses.

Extensive clinical research shows that Seromycin is a valuable therapy for tuberculosis. In some patients considered treatment failures with other agents, the response to Seromycin has been lifesaving.

Seromycin combined with

INH™ (isoniazid, Lilly), in a dosage of 1 Pulvule® every twelve hours, is proving to be highly effective in previously untreated cases.

Supplied: Pulvules Seromycin, 250 mg.; Pulvules Seromycin, 250 mg., c INH, 150 mg.

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for patients who act like restless tigers at night



gentle relaxant-sedative

WITH TIMED-RELEASE ACTION FOR A FULL NIGHT'S SLEEP

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TIMED-RELEASE TABLET

Might as well try to put a tiger to bed (and keep him there) as to get most patients to sleep naturally all night. For disturbed, interrupted sleep is the most common sleep problem in routine practice. Nebralin—a timed-release tablet—encourages muscular relaxation and sustained, relaxed sleep. The combination of mephenesin and Dorsital* in Nebralin not only relaxes skeletal muscles, overcomes "fatigue-tension" and conditions the body for sleep, but also induces sound, relaxed sleep by gentle CNS sedation. Mephenesin is capable of producing sleep, 1 and when combined with a barbiturate enhances barbiturate action. 2.3 Moreover, the integrated action of the two components permits smaller dosage of each. 4 Thus, Nebralin—a gentle relaxant-sedative—avoids morning hangover, and carries your patients through the middle of the night, especially those patients who complain about waking up at 2 A.M.

Schlesinger, E. B.: Tr. New York Acad. Sc. 2:6 (Nov.) 1948.
 R. K., and Taylor, J. D.: Anesthesiology 17:414, 1956.
 S. Shideman, F. E.: Postgrad, Med. 24:207, 1958.
 4. Berger, F.: Pharmacol. Rev. 1:243, 1959.



Each Nebralin timed-release tablet contains: Dorsital*, 90 mg.; Mephenesin, 425 mg. **Dosage**: One or two tablets ½ hour before retiring. **Supplied**: Bottles of 50 Nebralin timed-release Tablets.

* Dorsey brand of pentobarbital

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News

ber of his medical society's Advisory Committee to the Health Insurance Council. He'd like to see more doctors—and perhaps Blue Shield too—use these three rules of thumb:

1. When a patient occupies a hospital ward bed, this indicates that he can't afford the usual fee. Many doctors already apply this yardstick for their charges, says Dr. Marshall. He'd like to see more use it.

2. When a patient occupies a semiprivate room, it signifies that he *can* pay the usual fee. "[This] is a more practical indicator of a patient's ability to pay . . . than a specific fixed-income limit," he believes.

3. When a patient occupies a private room, it indicates that he can pay *more* than the usual fee.

Naturally, there are exceptions: "There'll be plenty of [patients] who select semiprivate or even ward rooms when they could afford a suite in the Waldorf . . . People place different values on what they want to spend their money on. Some prefer to spend it on their health . . . Others will scrimp on the room so they can buy a new Cadillac.

"So I wouldn't argue that these rules would be valid in all cases.

But they provide us with one of the best yardsticks we have for determining a patient's ability to pay. Personally, I prefer this method to trying to pry the information out of each patient."

'M.D.s and Engineers Should Join in Medical Work'

Industrial engineers should form an alliance with physicians to help handicapped patients. That's what the editor of an engineering magazine recently suggested to his colleagues.

John W. Greve of Detroit, editor of The Tool Engineer, wants doctors to work with engineers in the design of industrial machines especially for handicapped workers. He also wants engineers to work with doctors in improving both surgical instruments and artificial limbs.

Handicapped workers make at least as good employes as normal persons do, Greve points out. They could become even better if machine controls were placed where they could be used more easily by the handicapped. "Tools . . . should be made to aid the worker and minimize his limitations," says Greve.

Doctors can also help redesign industrial machines so that they help injured workers regain their skills. One British firm does this, Greve points out, with on-the-job



... For minor cuts and burns, sunburn, hemorrhoids, removing sutures, performing routine office surgery, making instrument examinations. And, to best suit every situation, there's a choice of Ointment, Cream, Lotion, Suppositories.

Complete information available on request.

News-

physical therapy. Its assembly line includes machines designed especially to exercise injured muscles and joints.

Greve wants physicians to visit factories and to give advice on designing machines such as these. Meanwhile, he'd send tool engineers to hospitals and clinics. The medical profession should welcome more "talented engineers [who'll] devote their full time to medical engineering problems."

Physicians Use Trust Fund To Aid Medical Research

Doctors in one city have found an easy way to contribute to medical research and education. The method: creation of a special Philanthropic Trust Fund that doctors help to finance by *not* sending Christmas cards to each other.

Each year, the Medical Society of Schenectady, N. Y., contributes \$500 to the trust fund. In addition, doctors contribute to the fund the amount they'd normally spend for Christmas cards for their colleagues. This averages about \$10 per doctor and amounts to a sizable contribution, since most of the society's 220 doctors participate.

The society then prints in its bulletin the names of doctors who contribute to the fund. This serves as the doctor's Christmas greeting to his colleagues.

When the trust fund builds up to the point where it's drawing annual interest of \$500, that amount will be repaid to the society each year. All interest earned beyond that amount will go toward medical research and education.

Courts Draw a New Line on Club Expense Deductions

It's well established that a professional man can tax-deduct a percentage of his dues to a social club if his membership benefits his practice. But now there are new guidelines as to what'll happen if he tries to deduct other expenses connected with the membership. The new guidelines stem from the case of a St. Louis attorney who tried to write off as a business deduction the expense of his campaign for election to a club office.

The Internal Revenue Service told the taxpayer that such an expense wasn't deductible. So he took his case to the Tax Court—and was overruled there. Now he has been turned down, too, by the U.S. Court of Appeals, Eighth Circuit.

The attorney had listed as business deductions his \$565.94 annual dues to two social clubs. Then he'd added on \$1,487.42, the cost of a successful campaign to get himself elected to the board of governors of one of the clubs.



Strikingly effective, easily tolerated iron therapy for the entire family

Highly effective in simple iron deficiencies, and usually with a total absence of iron's side effects, 'Feccol' Spansule capsules are the superior desage form of iron for all adults and children. Since the suggested daily desage of only one capsule is so convenient, and since G.I. distress is virtually eliminated, 'Feccol' Spansule capsules are the ideal form of iron for every member of the family. They are particularly useful in patients intelerant to conventional iron tablets, especially pregnant women.

FEOSOL SPANSULE

brand of ferrous sulfate

brand of sustained release capsules



only 1 capsule every 24 hours

News

The Internal Revenue Service challenged him on both items. First, it said, the entire amount of his club dues wasn't deductible, because the lawyer admittedly maintained the memberships partly for social reasons.

The attorney argued that the clubs enhanced his professional position and that his law firm got 35 per cent of its income from members of the clubs. So the I.R.S. finally allowed him to subtract two-thirds of the dues.

But the revenue service wouldn't go along with any part of the election expenses. The "original business motive does not control the status of all subsequent club expenditures," it said.

In other words, those who elected the attorney to the board were already clients of his firm. It was because they knew him that they elected him to the board—he did not get them as clients because he was a member of the board.

Liberal Arts Course Now Given Staff at Hospital

Many doctors can't find time to learn as much as they'd like about things outside the medical field. A number of doctors in Ohio have found a solution to this dilemma: They've arranged to have the Uni-

versity of Toledo give evening lectures for them at a local hospital.

Thus, without going a step out of their way, the attending and resident staffs of Toledo's Riverside Hospital now have a chance to hear lectures in history, physics, psychology, and literature. Each seminar in this year's thirty-lecture series has drawn an audience of about a hundred doctors and doctors' wives. The program was conceived by the hospital's chief of staff, Dr. Harold A. Poneman, who got the university interested in giving the series.

Pick an Internist As Family Doctor, Magazine Advises

The simplest way for a patient to choose a family doctor is to "obtain from a local hospital a list of physicians associated with it who are certified by the American Board of Internal Medicine," or who are on the hospital staff as attending or visiting physicians. So Consumer Reports tells its readers.

Why not a G.P. for a family doctor? The magazine explains that "general practice seems to be going the way of the American buffalo... Disappointment, frustration, and a general air of discontent" are often the lot of those patients who seek a G.P. instead of a specialist. Reasons:

1. Specialists have the "skill and competence [that] develop from



Controls compulsive overeating

CURBS APPETITE...RELIEVES TENSION HUNGER TRANQUILIZES "DIET JITTERS"

Why do so many overweight patients so often break their diets?

The reason is usually tension. Now — Appetrol has been formulated to help you solve this problem.

Appetrol provides dextro-amphetamine to curb your patient's appetite. Even more important, it provides meprobamate to control compulsive overeating, to ease the

frustration of the dietary regimen—and to minimize the jittery effects of amphetamine.

Thus, Appetrol does more than other anorectics which merely suppress appetite. Appetrol also tranquilizes tension hunger to give more complete control of compulsive overeating. Your patients find it easier to stay on their diets — even during prolonged periods.

Usual dosage: 1 or 2 tablets one-half to 1 hour before meals. Each tablet contains: 5 mg. dextro-amphetamine sulfate and 400 mg. meprobamate.

Available: Bottles of 50 pink, scored tablets.

Appetrol[®]

for appetite control

WALLACE LABORATORIES/New Brunswick, N. J.

News=

performing the same small technique over and over again. A general practitioner does most of the new techniques only once in a while."

2. Specialists get more and more of "the best [hospital] staff appointments ... particularly in larger communities. [This] deprives many general practitioners of access to the seat of new knowledge and experience, and, as time goes on, general practitioners as a group tend to become ever less qualified."

That's why "choosing an internist as a family doctor does increase the likelihood of obtaining competent medical advice for your family," the magazine advises its readers. It suggests that before finally settling on a particular internist, a patient "inquire (from him and other patients) about his fees, his willingness to make home calls, [and] the quality of the hospital he uses."

Small Companies Share the Same Medical Director

Dr. W. W. Dickinson has a private practice of his own plus seven industrial practices on the side. He's medical director for seven plants in the Hartford, Conn., area. Five days a week he shuttles back and forth between them on a regular schedule. Since the plants employ

an average of only 400 workers each, none of them alone could afford a full-time physician. So they joined together and hired one among them-forming the Hartford Small Plant Medical Service.

When the service was started in 1946, the founding companies wondered how far they could properly carry industrial treatment. So they talked over that question with representatives of the state and local medical societies. They then limited their service to first aid and purely symptomatic treatment for minor conditions.

As a result, Dr. Dickinson reports that he has had "no conflict whatsoever with private practitioners on ethical problems." He sends all patients with serious industrially caused conditions to a panel of company-selected specialists. And he finds himself referring half of the noncompany-related conditions -which make up two-thirds of his cases-to local specialists and G.P.s. He says that these private practitioners are thus getting many a patient who, of his own accord, would never have gone to them.

Dr. Dickinson's contract with the small plant service allows him to have a private practice on the side. And he does have one-in Yalesville, fifteen miles away from Hartford. The patients who see him as a private G.P. know that he

Continued on page 64

Butazolidin®

brand of phenylbutazone

in arthritis and allied disorders

proved by a decade of experience

Ten years of experience in countless cases—more than 1700 published reports—have now established the leadership of Butazolidin among the potent non-hormonal antiarthritic agents.

Repeatedly it has been demonstrated that Butazolidin: Within 24 to 72 hours produces striking relief of pain. Within 5 to 10 days affords a marked improvement in mobility and a significant subsidence of inflammation with reduction of swelling and absorption of effusion.

Even when administered over months or years Butazolidin does not provoke tolerance nor produce signs of hormonal imbalance.

Beigy



Butazolidin® (brand of phenylbutazone): Red-coated tablets of 100 mg. Butazolidin® Alka: Capsules containing Butazolidin® 100 mg.; dried aluminum hydroxide gel 100 mg.: magnesium trisilicate 150 mg.; bomatropine methylbromde 1.25 mg.

Geigy, Ardsley, New York



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from Schering...edema & hypertension control without significant electrolyte upheaval

Nacual Strict Company of the Company

selective electrolyte screening in diuresis

Diminished potassium loss lessens risk of digitalis toxicity, hypokalumia-induced fatigue, weakness and ECG changes... balanced sodium and chloride excretion provides greater freedom from risk of hypochloremic alkalosis...no significant changes in serum electrolytes.

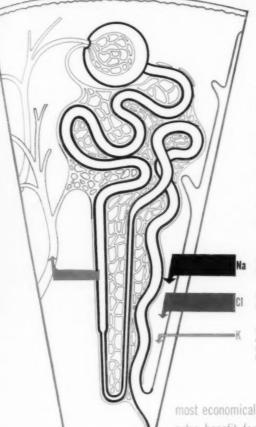
significant antihypertensive effect

Reduces blood pressure adequately in many cases when used alone ...potentiates action of rauwolfia alkaloids and ganglionic blocking agents...no hypotensive effect in normotensive patients.

excellent record of safety

Highly desirable therapeutic ratio, shown in animal studies, borne out in clinical experience...no indications of untoward reactions to date.¹³





real increase in diuretic activity

hours and persists for 24 hours.

Increased diuretic activity with enhanced sodium output.

CI excreted in approximate physiological balance with Na.

More favorable excretion ratio of Na/K (approximately 4 to 1) than with chlorothiazide and hydrochlorothiazide.3

most economically pricedextra benefit for the long-term patient

In edematous conditions (congestive heart failure, hepatic cirrhosis, nephrotic syndrome, premenstrual fension, drug-induced edema, toxemia of pregnancy, edema of pregnancy), usual dose is 2 or 4 mg. taken once daily after breakfast. In hypertension, dosage is usually 2 or 4 mg, given daily, with Initial

For complete details on indications, dosage and administration, precautions and contraindications consult Schering literature.

Packaging: Naqua Tablets, 2 and 4 mg. scored, bottles of 100 and 1000.

(1) Ford, R. V. Am. J. Candol, 5-407, 1960. (2) Reports to Division of Clinical Research, Schering Corporation. (3) Ford, R. V. Recent Advances in Di

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News-

isn't available during the day. And workers who see him at their plants know that he won't accept them as private patients. Because he keeps his two practices separate, his colleagues view him with a friendly eye.

So do the companies for which Dr. Dickinson works. The service costs them about \$20 a year for each worker. In return, it has cut these companies' absenteeism rates by half and the time loss owing to accidents by three-quarters. It has fostered goodwill among their employes. And by doing so, it may have brought doctors everywhere a sort of bonus. Explains an executive of one of the companies:

"For small and medium-sized companies, this kind of medical service is the proved solution to keeping the business of health out of government control."

'Popular Stocks Aren't The Most Profitable'

How wise is the doctor-investor who buys only the popular blue chip stocks that everyone else is buying? He may be far less wise than he thinks, suggests one investment counselor.

Roy S. Heavner shows what he means by taking the case of an investor who might have sunk \$1,- 000 into each of a single year's ten most actively traded stocks. Suppose the investor had done this in three different years—twenty, thirty, and forty years ago. He would have obtained some unlooked-for results:

¶ The \$1,000 invested in U.S. Steel twenty years ago would have grown to \$8,950. But the same investment in Chrysler would be worth only \$1,520 today.

¶ The \$1,000 sunk into Bethlehem Steel thirty years ago would have burgeoned into \$6,900. But the same amount in Columbia Graphophone (a blue chip in those days) would have shrunk to \$540.

¶ From forty years ago, the \$1,-000 put into International Mercantile Marine, Baldwin Locomotive, and Studebaker would have declined to \$270, \$70, and zero respectively. (Studebaker, of course, is still in business, but its common stock was once declared worthless.)

Concludes Heavner, who's vice president of Templeton, Dobbrow & Vance, Inc.: "The idea that the most popular stock will be the most profitable may be a dangerous one. Today's prominent companies may not be the first-ranking or best-managed corporations five or ten years from now. Management may deteriorate. [And] changes in markets may outmode products."

a breathing spell from asthma

Quadrinal

a rapid way to clear the airway

- . stops wheezing
- . increases cough effectiveness
- relieves spasm

In chronic disorders associated with obstructed respiration, the dependable antispasmodic and expectorant action of Quadrinal rapidly clears the brouchial tree. Patients breathe more easily and acute episodes of bronchospasm are often eliminated. Quadrinal is well tolerated, even on prolonged administration. The potassium lodide in Quadrinal provides an expectorant of time-tested effectiveness and safety.

Indications: Brenchial asthma, chronic bronchitis, pulmonary librosis, pulmonary emphysema.

Absoluted Tablets, containing spheddine HCl (24 mg.), phenobarbital (24 mg.), 'Phyllicia'" (theophylline-celcius salicylate) (130 mg.), and patersium leakie (0.3 gm.)

Also available -

a new Quadrinal dosage form with taste-appeal for all age groups: fruit-flavored QUADRINAL SUSPENSION (1 teaspeonful = 1/2 Quadrinal Trablet)

KNOLL PHARMACEUTICAL COMPANY, GRANCE, NEW JERSEY

*Quadrinal, Phyllicine



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This time...ATARAXOID

IN RHEUMATOID ARTHRITIS

Combines the established steroid, prednisolone (Sterane®) with tensioneasing hydroxyzine HCl. When anxiety impedes clinical response, ATARAXOID offers superior control—often at lower steroid dosage in the case of certain rheumatic disorders—and without unexpected side effects.

also indicated in bronchial asthma and inflammatory/allergic dermatoses

ATARAXOID provides 10 mg. hydroxyzine HCI with various potencies of prednisolone per tablet: ATARAXOID 5.0 scored, green tablets, 5 mg. ATARAXOID 2.5 scored, blue tablets, 2.5 mg. ATARAXOID 1.0 scored, orchid tablets, 1 mg.

Professional Information Available on Request

PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York (Pfizer) Science for the world's well-being



how does Meliarii differ from other potent tranquilizers?



Mellaril'

provides highly effective tranquilization, relieves anxiety, tension, nervousness,

but is virtually free of such toxic effects as



jaundice
Parkinsonism
blood dyscrasia
dermatitis

greater specificity of tranquilizing action results in fewer side effects





Mellaril...

specific, effective tranquilizer

"The most striking aspect of thioridazine [MELLARIL] therapy is the poverty of side-effects."

"In conclusion it may be said that thioridazine is at least as effective in relieving psychiatric illness as other drugs of its class. On a milligram for milligram basis it has the same order of potency as chlorpromazine. In its low incidence of side-effects and toxicity, it is superior to all other tranquilizing drugs tested. For this reason it is well tolerated by patients, particularly those who are not hospitalized and who frequently discontinue their medication with other drugs because of dizziness, sleepiness, increased tension, or Parkinsonism."

Supply: MELLARIL Tablets, 10 mg., 28 mg., 100 mg.

SANDOZ

*Warrane-Wright, J.: Newer phonothiszine drugs in treatment of nervous disorders, J.A.M.A. 170:1988, July 11, 1888.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JUNE 20, 1960

Which to pick: a special disabilityincome policy or a rider to your life insurance? This article will help you choose

Your Best Buy in Disability-Income Coverage

By Arnold Geier

"Disability-income insurance?" a doctor-friend said disdainfully the other day. "Who needs it? I have disabilityincome riders on my life policies. They give me the protection I need. Cost less, too. Those tie-in deals always save you money, you know."

My doctor-friend was right about this much: A disability-income rider does appear to be cheaper than a separate disability policy. And you may actually pay less for one than you would for a separate policy. But whether you're getting better value for your premium dollar is another question.

Certainly, the doctor was far less sure of the answer after I'd explained how the two types of contract differ. It may be worth while for you to consider the facts I gave him. Unless you have the proper protection, long-term

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BEST BUY IN DISABILITY-INCOME COVERAGE

disability can be the greatest financial disaster you'll ever face.

Here's more or less how I reviewed the subject for my friend:

The more popular way of insuring against disabilities is through special accident-and-health policies that grant you a monthly income if you're unable to work. The other method is to add disability-income riders to your life insurance policies. Many companies offer you \$10 a month in disability-income protection for every \$1,000 in life insurance you carry. Thus, on a \$25,000 life insurance policy you can add a rider giving you \$250 a month in disability income.

Such riders are likely to vary somewhat in detail depending on which company offers them. The variation in accident-and-health policies is even greater. So for comparison's sake, let's consider a typical policy of each kind. Each offers a disability income of \$100 a month. At age 35, the separate disability policy costs \$93 a year. The life insurance rider at the same age costs \$50.

Thus far, the rider seems the bigger bargain of the two. But consider these five other factors, each of them at least as important as the original cost:

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Special Policy vs. Rider

1. The waiting period. Under the life insurance rider, there's a six-month waiting period before any benefits begin. Thus, the rider doesn't cover short-term disabilities.

On the other hand, under the separate disability-income policy you begin to receive benefits after only a thirty-day wait. If you're willing to pay a higher premium, you can buy a policy with an even shorter waiting period.

2. The definition of disability. In the rider, disability is defined as the complete inability to engage in any occupation for gain or profit. In short, your condition must approach that of a living vegetable before you can collect.

But the separate policy pays disability benefits if you're unable to engage in the duties of your

THE AUTHOR is director of Estate Planning Associates in Miami, Fla. He has written on insurance topics for a number of publications.

regular occupation, for the first five years of the disability. (Thereafter, it pays off only if you can't engage in any occupation.) For example, if a disability prevents you from practicing medicine, you can teach, do research, write, or even go into a separate business—and still collect benefits for a five-year period.

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3. The tie to life insurance. If you drop your life insurance,

your disability rider is automatically canceled. Thus, to keep up the disability rider and the coverage it provides, you have to keep up the premiums on your life insurance. Remember, too, that the amount of disability coverage you can get depends on how much life insurance you carry; and the disability coverage usually can't exceed \$300 a month.

The separate accident-andhealth policy has no connection

What's a Good Disability-Income Policy?

To be worth the money it costs, your disability coverage should:

- ▶ Be guaranteed renewable and noncancelable, at least until age 65, at the same premium.
- ▶ Insure you against all ills, with no unreasonable exclusions.
- ▶ Cover you against "accidental injury," not "injury through accidental means." (The latter has been construed as meaning much narrower coverage.)
- ▶ Provide at least five years' income for disabilities that prevent you from carrying on your practice.
- ► Contain a waiver-of-premium provision, so that you needn't make payments while you're laid up.
- ▶ Make it clear that your coverage is *not* limited to disabilities that confine you to your home.
- ► Cover you against recurring disabilities.
- ▶ Be incontestable after two years.
- ▶ Not contain an "average earnings" clause (which limits benefits to a certain fraction of your earnings).

BEST BUY IN DISABILITY-INCOME COVERAGE

with your life insurance, though. You can buy as much disability protection as you want, within broad limits.* If you decide to drop or change some of your life insurance, your disability coverage won't be affected.

4. The length of benefits. Under the life insurance rider, disability benefits will be paid only until you reach 65. At that time, your life insurance policy matures. You're paid its full face value. That's a comforting lump sum. However, it leaves you not only without any disability coverage, but without any life insurance.

The separate policy contains no such built-in disadvantage. It pays off to age 65 for a disability caused by sickness. It pays off for the rest of your life if the disability results from injury. True, many accident-and-health policies pay benefits for shorter periods than the typical policy we're discussing. But their premiums are correspondingly lower.

5. The termination of coverage. Once you reach 50 or 55,

But you can always buy a separate disability policy up to age 55. And such a policy covers disabilities occuring up to the time you're 65.

More Separate Policy Benefits

The typical disability-income policy has some other advantages. It provides half-benefits for partial disabilities. And it gives you the opportunity to add accidental death, surgical, and hospital coverages. The rider gives you none of these benefits.

To sum up, you're usually better off buying a policy specifically designed for accident-and-health protection than having a rider attached to your life insurance. A disability-income policy costs a little more. But the more favorable features it contains are easily worth the difference.

There are two exceptions to Continued on page 238

you can no longer add a disability rider to your life insurance. And no matter when you add such a rider, it won't pay benefits for disabilities that hit you after you're 55 or 60, the years of greatest risk.

For the limits on how much coverage you can carry, see "They'll Cancel Your Disability Coverage if You Have Too Much," MEDICAL ECONOMICS, Sept. 14, 1959.

Don't Let Your Home Become an Answering Service!

These doctors have hired a girl to take phone calls in the office during the hours when domestic life used to be at its most chaotic. Result: better service to patients and a better deal for the M.D.s' families

By William G. Crook, M.D.

A velvet-voiced young woman comes to our office each day just as we're closing shop. She has substituted order for chaos, tranquillity for jangled nerves. She has enabled us to see more patients and to give them better service with less effort. She has helped us increase our income. She has removed our children from immediate danger of drowning or burning. And she has given us back our wives.

What does she do, this aide beyond price? She answers the phone.

If your patients are turning your home into an answering service night after night, perhaps you need a part-time employe like ours. I assure you that our night receptionist has solved a problem that once seemed insoluble. Today, we wonder how we ever kept our sanity (and our families intact) without her.

My two associates and I had organized our pediatric practice

THE AUTHOR is a pediatrician in Jackson, Tenn.

IS YOUR HOME AN ANSWERING SERVICE?

in such a way that we each enjoyed two nights and two Sundays off out of every three. We felt that we had a better deal than most of our colleagues. So we resigned ourselves to the nightly strain on our nerves.

It used to start promptly at 5 o'clock, when our office officially "closed"—that is, when our receptionist, secretary, book-keeper, lab technician, and all but one of our nurses went home. That one nurse would stay on for the better part of an hour to assist us with the last patients. But she spent a good part of the hour on the phone.

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If we needed her help to do a blood count, take an X-ray, or

Home-Phone Problems Can Be

Dr. Stanley Truman (below) of Oakland, Calif., has his home phone listed in his wife's name. Here he's devoting a relaxed evening to his favorite hobby, photography. Mrs. John Barbey (right) of Dobbs Ferry, N.Y., has time to play with the children because her physician-husband has kept their phone unlisted. Both doctors keep in touch with their answering services, of course.



MEDICAL ECONOMICS : JUNE 20, 1960

give a shot, we often had to wait. So did our restless young patients and their parents. In an emergency, the wait could be very trying. If the doctor on call for the night had already left the office, the nurse had to stop whatever she was doing and stay at the phone until she could track him down.

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I finally made a desperate suggestion. "Let the damn thing ring," I said. "Our patients should learn to call us before 5 o'clock. Let them use the answering service."

The suggestion backfired on our wives.

The answering service in our town is rather impersonal. It

Solved in Other Ways Too



IS YOUR HOME AN ANSWERING SERVICE?

isn't set up to respond with a great deal of sympathy and intelligent reassurance. Our wives are better at that. And so our patients quickly learned to bypass the service. When they didn't get an answer at the office, they made the round of our homes. Try to picture it:

My wife leaves our 4-year-old daughter standing in the tub while she takes a call from Mrs. P. Mrs. P is upset because her little boy has just eaten the contents of the aspirin bottle, and she hasn't been able to reach Dr. Crook at his office. My wife promises to have me call as soon as she can find me. She gives our child a quick dry, pulls some underpants on her, and turns downthe flame on the stove. Then she runs back to the phone, and the chase is on.

Minutes elapse while she has the hospital page me without success. Guessing that I may still be at the office—but not answer-



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ing the phone—she tries several times to reach the home of Dr. Harrison, who's the man on call. But the line is busy.

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Call After Call

Meanwhile, two more calls come in to my home. Mrs. Q says her little girl has been running a high fever all afternoon, and she thinks the doctor should come at once. Mrs. R announces that her Susan has been scratched by a cat, and she wonders whether the child needs a booster shot.

My wife finally gets through to the Harrisons, only to learn that Mrs. Harrison is trying to locate her husband for two other patients. Dr. Crawford, our third associate, is also not to be found at the moment.

With no help in sight, my wife starts calling back Mrs. P, Mrs. Q, and Mrs. R, to reassure them that they haven't been forgotten. Our own three kids? Luckily, they haven't eaten up our store of aspirins yet. At least, my wife hopes not.

That's how it used to be. I would be greeted at the dooror on the driveway-with a list of numbers to call and a plea, sometimes bordering on tears, to "do something about this phone business before I go crazy." It was the same story every night in the homes of both my associates, too.

Normally, our wives have plenty of early-evening work without the intrusive phone, for we all have small children. Between the hours of 5 and 6:30, the tubs are filled and the stoves are hot. while the little ones are fussy and in need of attention. I still marvel that they came through this period without a mortality.

Hectic Homecomings

So the hour before dinner was a very bad one for our wives. But the next few hours were equally hard on their husbands. In the busy season, after-hours calls from patients for the three of us doctors averaged about twenty a night. Sometimes there were more than thirty. And each call was likely to start a whole chain as we tried to track down the man on duty. He was generally

Continued on page 254

This Home-Care Program Pays Do

In one town, the hospital not only supplies equipment for out-of-hospital care of any patient better off at home, but also meets all the doctor bills if the patient can't

"Home-care plans?" a physician snorted at me the other day. "They're great for the hospital and the patient. But how about the doctor? Why do I have to chase all over creation on follow-up house calls at \$3 a visit or less?"

Actually, this doctor cooperates closely with his local homecare plan. But privately, it's a sore point with him—as it may well be with you. More and more communities are providing medical care at home for patients who'd otherwise be confined in a hospital or custodial institution,

VITAL FACTORS in the Greenwich, Conn., plan: the hospital and the coordinator, Dr. Henry Markley.



ys Doctors' Full Fees BY JAMES P. GIFFORD



HOME-CARE PROGRAM PAYS FULL FEES

but they're paying the physician practically nothing.

There's good news, though. One enterprising community now seems to have neatly solved this unhappy problem. That community is Greenwich, Conn. There, the home-care plan works so well for patients and physicians alike that it's being studied by medical men from all over the U.S. and Europe.

Under the Greenwich program, the doctor has a good many aids at his disposal from a central agency: a visiting nurse, a physical therapist, an occupational therapist, a social worker, and all the basic gear needed to equip a sick room, including a hospital bed. So do some other plans. It's the way fees are handled that sets the Greenwich program apart.

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In the unique Greenwich setup, the doctor always gets his full, regular house-call fee. And the going rate is hardly low: \$8 to \$10.

How has Greenwich managed



THE HOME-CARE TEAM-nurses, social workers, therapists-with Dr. Markley (foreground) presiding, discusses prospective home-care patients.

this minor miracle? To find out, let's look first at what home-care programs usually consist of. Then we'll examine the Greenwich plan itself. There may be a lesson in it for your own home town.

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In most communities, only the indigent qualify for home care. In others, the program also includes paying patients. Some programs are simple ones that offer little more than visitingnurse service. The more complex plans provide an array of services as elaborate as Greenwich's.

The Fee Problem

But until the Greenwich plan came along, no one was apparently able to solve the basic problem of inadequate doctor fees. Here's why the problem has long existed:

Welfare agencies generally pay far less for house calls on indigent patients than a doctor usually charges. And even paying patients sometimes become medically indigent after returning home. Their medical-surgical insurance may cover their doctor bills only while they're in the

hospital. So here, too, the doctor may be forced to make a sharp cut in his fees.

Thus, in most localities, few physicians can spend the time required to take on very many home-care patients. As a result, such programs have seldom achieved their full potential for community good.

How They've Solved It

But the Greenwich program appears to be reaching that goal. It's administered by the town's only general, nonprofit hospital, which is the center of the community's medical life. Paying patients and health and welfare agencies provide one-third of the money, including what's needed for fees that patients can't afford. The hospital makes up the rest.

Incidentally, you may have heard that the Greenwich area (pop. 54,000) is one of the nation's wealthiest. But though it contains several very well-to-do sections, the area also embraces many that are less affluent. It's true, though, that the area's caseload of medical indigency-one out of every 150 population-is

HOME-CARE PROGRAM PAYS FULL FEES

less than one-fourth of the national average.

So far, the total cost of the Greenwich project has been only about \$25,000 a year—one-fourth what it would have cost the hospital to care for the home-care patients in the institution itself. Besides, the program has freed a considerable number of hospital beds for in-patient use. So Greenwich is more than satisfied.

The plan first took shape back in 1953. At that time, the town fathers asked Dr. E. M. Bluestone to make a study of long-term illness in Greenwich. In his report, the nationally known hospital consultant recommended establishment of a home-care program. Through the influence of the hospital director, a private foundation then put up \$75,000 to finance a three-year pilot pro-

gram. It finally got under way in February, 1956.

To determine policies for the program and oversee its operations, a Council on Home Care was set up. This was—and is—headed by Internist G. Gray Carter, former chief of staff at the Greenwich Hospital. Represented on the council are the local medical society, the hospital's medical staff, the Greenwich departments of health and public welfare, and several organizations like the Red Cross and the Community Chest.

In setting up the program, the council agreed that the hospital should run it and that a local practicing physician should serve as coordinator. It named Dr. Henry E. Markley—an internist—to that post and asked the town's Public Health Nursing

Continued on page 242

Merely a trifle

A mother phoned me to say her baby had swallowed a ring. "What kind of ring?" I asked. "Oh," she reassured me. "just a cheap one from the five-and-ten."

—M.D., ARIZONA

Good Protection for Your Heirs: A Living Trust

How can you be sure that your will is going to work out as you want it to? Here's a fine way to watch it at work right now

BY M. J. GOLDBERG

When Charles F. Kettering, the auto-industry magnate, died, he left a \$200,000,000 estate and a one-page will. But in that single page he accomplished all he wanted, with full confidence that his legacies would work out as he'd planned.

Why could he be so confident? Because the major provisions of his will had gone into effect before his death. He had actually watched them at work.

The device that Kettering used was what lawyers call an "inter vivos trust"—a living trust. Such a trust goes into effect during the lifetime of the man who establishes it. And he can arrange to have it continue in operation after his death.

In effect, here's what Kettering said to his trustee: "You're
my executor. So start administering my estate while I'm still
around and can see what kind of
job you do. If I like how you go
about it, I'll put more of my money in the trust when I die."

Apparently Kettering liked what he saw. His brief will made a few specific bequests to indi-

PROTECTION FOR HEIRS: A LIVING TRUST

viduals and charities. But the bulk of his estate was "poured" into the trust, to be administered according to the terms of the trust agreement. And that's why he was able to write a will that was short but not short-sighted.

You don't have to be a millionaire to follow Charles Kettering's lead. Most banks will accept a living trust if you can put \$50,000 or so into it. You can start out in an even smaller way with a common trust fund. In any

such arrangement, your money is pooled with that of other trusts. So you can set up a common trust with as little as \$10,000, and sometimes even less.

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Why establish a trust at all? Usually, you do it in order to protect someone against something. For instance, you may want a bank to handle your money as a matter of self-protection, because you're an inexperienced investor. Or you may want to protect your parent, wife, or



"But you know, M'wana, how the grievance committee feels about advertising!"

child against the possibility of frittering away the money you've accumulated.

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A trust will do two major jobs for you. First, it will manage your investments the way you direct. Secondly, it will protect your property and pay out the benefits according to your wishes.

You Still Have Control

In setting up a trust, you're really splitting the responsibility of handling your property. The job of deciding who's to get the income and principal remains yours. But the trustee takes over the legal responsibility of making your money produce income and paying it out according to your directions.

Those directions can be virtually anything you want. For example, you can direct that the income be paid to you for as long as you live and then to your wife for the rest of her life, and that the principal be eventually split up among your children. Or you can make any disposition of the principal you choose.

Furthermore, you can give the trustee as much or as little discretion as you deem wise. He can be empowered to pick and choose investments, or you can save that right for yourself. You can arrange to amend the trust agreement any time you want or to call the whole thing off. And you can include a "sprinkling" provision, which gives the trustee the right to use his own discretion in paying extra amounts to your beneficiaries according to their individual needs.

Choosing a Trustee

Obviously, the trustee plays a highly important role in this whole scheme. The law imposes strict requirements on him, and he's accountable for every penny he handles. All the same, you should have complete confidence in his ability, character, and reliability.

You can name almost anyone as your trustee; but the choice of most people is a bank or trust company. And many men who set up living trusts designate themselves as co-trustees with an institution. That way, the individual can share in important decisions, but he relies on the

PROTECTION FOR HEIRS: A LIVING TRUST

institution for its advice and assistance.

As for the rest of your money -any portion that you don't allocate to the trust-you can do as Kettering did: Write a simple will directing that it go into the trust to be handled the same way as your other money in the trust. Thus, the living trust takes the place of a detailed will. In some respects, it's far better than a will

It Saves Fees and Time

As I've already pointed out, it gives you a chance to pretestand, if necessary, to modify-any or all of your chosen arrangements. In addition, the property you put in a living trust doesn't have to go through the probate court, as money under a will must. Legal and administrative fees for probating a will can mount up; so the trust arrangement can mean big savings for your estate.

There's a further saving in time. It often takes months for a will to be probated and for the beneficiaries to begin benefiting. But a living trust continues to function without interruption when you die.

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What's more, its terms are confidential. (A will becomes a matter of public record once it's probated.) So your heirs under a trust are spared what they might consider unwelcome publicity.

It May Save Taxes, Too

What about the tax consequences of a living trust? The type of trust we've been talking about so far is a revocable arrangement-one that you can change or drop whenever you want. This being so, the money in the trust fund remains yours, and you get no special tax break. The income is taxable to you, no matter who actually gets it. And, at your death, the trust is taxed as part of your estate.

Even so, your heirs under a revocable trust may save some tax money. For instance, let's suppose that the income is to be paid to your wife for her life, and that the principal goes to your children at her death. In such an event, the trust will be hit with estate taxes only when you die;

it won't be taxed a second time at the death of your wife. If you didn't have a trust, the entire estate could be taxed again when it went to your children.

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But if you want to enjoy really big tax savings, here's one way to do it: Set up an irrevocable trust. Under such an arrangement, you give up all right to change the terms of the trust agreement, and you surrender all rights to the property in the trust.

Thus you're actually giving

the property to your beneficiaries. All income will be taxed to them, not you; and there will be no estate taxes on the principal. You may have to pay a gift tax if the trust is large enough; but this will normally be far less than the estate tax you save.

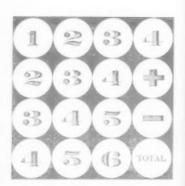
In some cases, then, an irrevocable trust is certainly advisable. Let's assume, say, that you want to give \$2,000 a year toward the support of your mother.

Continued on page 258



"The boys in the lab just wanted to see what you looked like."

What Office Procedures Really Cost You



Here's a way to figure
out the actual cost of seeing
a patient—any patient—in your
office. You can get a good
approximation if you compute
your cost per minute, as
this typical doctor did

The last time I saw Internist Melvin Cutler (which isn't his real name), he showed me a page torn from a brochure plugging a new dictating machine. "Do you know that in a modern business office it costs \$2 to write even a short letter?" asked the brochure.

By Horace Cotton

"I've been wondering what it costs me to write a letter," said Dr. Cutler. "Or to take a patient's history, do a physical exam, write a prescription, give an injection. What does it cost when my secretary fills out an insurance form, reconciles my bank statement, sends a bill to a patient? If business firms can figure out their exact costs that way, we

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doctors ought to be able to do it with our office procedures."

Ishook my head. As a management consultant, I've often heard similar comments from clients. "You're not the only physician who dreams about cost accounting for individual procedures," I told Dr. Cutler. "But nobody has yet come up with a simple, inexpensive way to do it for a doctor's office. I've tried myself, and failed." And I explained some of the difficulties. (You'll find my explanation in a box accompanying this article.)

"Well, it was just an idea," murmured the doctor, a trifle disconsolately.

"Don't be downcast," I said.
"Even though I can't give you
a formula for working out the
precise cost of each specific procedure, I can work out an even
more useful statistic for you. I'll
tell you the true cost of each minute of your working time in this
office. Will you settle for that?"

"You bet I will," said Dr. Cut-

ler. "I'd rather know that than any of those other things."

"Then I'll do it right now, if you'll grant me one or two reasonable assumptions, and if you'll accept some round-number figures, so that we don't have to make hairline calculations.

"For a start, I'd like to stipulate some basic conditions. First, we'll use expense figures from your 1959 records—I have your tax return right here. Agreed?"

"Suits me," said Dr. Cutler.

"Secondly, we're concerned with office procedures only. No house calls, no hospital visits—nothing outside the office. The impact of outside work on your office expense isn't heavy. In fact, your practice costs wouldn't be greatly reduced if you didn't do any at all."

He nodded his assent, and I went on: "Finally, you've got to remember that your 1959 costs might not hold good for 1960. You might see more or fewer patients. You might add to or re-

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WHAT OFFICE PROCEDURES COST

duce your office force, or you might alter their pay. You might spend more or less on this and that. But if this year follows last

year's pattern, the cost figure I'm about to produce will probably hold good. Clear?"

"Clear," he said. "Go ahead."

Why Cost Analysis of Specific

Here's what Management Consultant Horace Cotton told Dr. Cutler about the difficulties of putting a "cost of production" ticket on each office procedure:

"It's a relatively easy matter to analyze the cost of a single factory-made bolt, say. You simply record the payroll cost of every minute spent by the bolt makers, plus the cost of every atom of material that goes into each bolt. Then you add the general cost that can't be attributed to any single bolt more than any other. This latter cost is the general overhead. It includes rent, utilities, machine depreciation, and many other things. Finally, you divide the aggregate cost of labor, materials, and overhead over a given period of time by the number of bolts produced in that time. Answer: the cost of producing one bolt.

"Theoretically, medical procedures could be broken down the same way. Let's say that a patient comes for a prenatal check-up. Your nurse weighs her, takes her temperature and pulse, does a urinalysis and a hemoglobin, and puts her up on the table for examination. It takes you four minutes to examine her. Then you talk with her for, say, three minutes. You make notes. Your nurse makes notes. She makes an appointment for the patient to come again, then telephones the patient's husband asking him to drive over and get her. The aide notes the visit in the daybook; and tomorrow she'll post the patient's account card. In due course, she'll send a bill.

"I've just named fifteen separate actions involved in one prenatal check-up. But the trouble and expense of analyzing, recording, and keeping up to date the changing costs of each separate action wouldn't be repaid by the value of the result.

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"We'll begin with your total professional expense for last year," I went on. "The tax return shows that it was roughly \$14,-

000. First off, let's deduct 90 per cent of your auto expense from that total."

"Hey, wait a minute!" he pro-

Medical Procedures Isn't Feasible

"Now let's suppose the patient also had an injection, perhaps an influenza shot. That's a straightforward little procedure to put a price tag on, you'd think. But what does an accurate analysis of the cost of that shot require? The price you paid for the vaccine is just about the only cost you can identify. If you had used a disposable syringe, that would be a known cost, too. But you don't use disposable syringes. You use syringe-barrels over and over till they get smashed. You re-use needles as long as they can be resharpened. Your syringe-cost per shot is going to be mighty hard to figure.

"And how much of your nurse's time are you going to count? The time she needs to charge the syringe from the ampoule, plus the time it takes to empty it into the patient's tissues? If so, you're leaving out the time it took her to prepare everything, to put things away, to joke with or console the patient, to note the shot on the patient's record, etc. On top of all this, you must allocate to the shot its infinitesimal—but due—proportion of your office rent, your electricity bill, your janitor's wages, and a score of other expenses that you incur in order to give even *one* shot in this office.

"If you had the records, you could average the cost over, say, a thousand shots. But the records would have to be exact for every shot in the thousand. Each little cost variation occurring during the series that affected time, materials, or overhead would have to be watched, as it is in a bolt factory.

"If you could average the cost of a million shots given by a thousand doctors, you'd be on safer ground. But where would you find a thousand doctors who could afford to keep such detailed, painstaking records?"

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HOW DR. CUTLER'S COST PER MINUTE WAS FIGURED

Management Consultant Horace Cotton calculated Dr. Melvin Cutler's cost per office minute this way. Substituting your own figures, you can do it for yourself.

TOTAL OFFICE EXPENSES:

Salaries	.\$ 6,000
Rent	. 1.800
Drugs, lab, X-ray	. 1.800
Auto operation	
Telephone and answering service	
Taxes, insurance, interest	
Laundry, linen, medical sundries	
Business office supplies	600
Travel, entertainment, and miscellaneous	
Depreciation	500

\$14,000

100%	of	drugs.	lab.	X-ray						0	0	0	(1.800)
100%	of	salary	of v	acation	St	ibs	stit	u	te			0	(1.000)

\$10,400

ADD:

6%	of	medical	education	investment	 1,800
					\$12,200

Rounded down to 12,000

Basic	"professional	labor costs"	'—i.e.,	
ann	ual rate of su	bstitute's pay	y	12,000

TOTAL PER ANNUM OVERHEAD: \$24,000

	240 office	day	s per	year	=	\$100 per day
6	doctor-hours	per	office	day	=	\$16.66 per hr.

or \$0.277 per min.

Rounded off to a C.P.M. of \$0.28

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tested. "That's my professional car. Every dime of its cost was practice-connected."

What to Leave Out

"I know that," I said. "But most of the car cost was attributable to house calls and hospital visits. I'm allowing you one-tenth of it for commuting to the office from your home—which is more than the tax man would do. Well, that knocks approximately \$800 off your total professional expense. We'll leave in all the depreciation you claimed on the car, on the assumption that you'd run a business car even if all your work were done at the office.

"Next, we'll throw out the \$1,800 you spent on injectables, laboratory supplies, and X-ray materials. Why? Because such costs aren't true overhead, and they oughtn't to be spread over your entire patient-load. They're incurred to meet the special needs of certain individual patients; and they're passed on to those patients by way of your special fees for these services.

"But we'll leave in the rest of your medical purchases—linen, cotton, tongue depressors, paper towels, and whatnot. These are what I call your clinical furnishings, provided for general use. We'll also leave in all your business supplies, such as stationery, typewriter ribbons, and postage stamps. And, naturally, we'll leave in rent, utilities, taxes, insurance, and depreciation—not to mention small items like laundry and magazines."

"I get it now," said Dr. Cutler.
"Those items are used by all the patients."

Include Salaries?

"Right. For the same reason, general overhead must include the salaries of your nurse and your secretary. But it should not include the \$1,000 you paid your locum tenens during your monthlong vacation. That's not so much a true cost of running your practice as a personal expense. You might regard it as an added vacation cost."

"The only items we'll take out, then," said the doctor, "are 90 per cent of the car cost; what I spent on injectables, laboratory

Continued on page 262

Foreign Graduates:

What's being done to make them more helpful to you in the hospital

By Lois Hoffman

luly, as everybody knows, is a good month for revolutions. Next month will usher in a quiet revolution that's bound to affect every American hospital that has foreign internes or residents on its staff. July 1 is the date set for compliance with the requirements of the Educational Council for Foreign Medical Graduates. For the most part, only foreign graduates with grades of 70 or better on the E.C.F.M.G.'s American Medical Qualification Examination will thereafter be accepted on the house staffs of approved teaching hospitals.

The deadline has been hailed by some medical people and bitterly opposed by others. It's a first step toward answering a big problem that involves house staffers and attendings, deans and professors, licensing and specialty board members, and many others.

How did the problem arise, and what are the major causes of dissatisfaction on both sides? What's being done to improve the situation? What remains to be done? This article outlines some answers.

The seeds of the problem were planted after World War II, when U.S. hospitals started offering more and more interneships and residencies. Since there weren't

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enough American graduates to fill all the openings, the hospitals looked abroad. The number of foreigners coming here grew until, last year, there were almost 8,400 of them in interneships and residencies.

Many of the new house-staff positions were *created* primarily to provide better patient-care. But they're *filled* mostly by young men eager for training. Often, the hospital gets excellent service, the foreign doctor gets excellent training, and everyone is satisfied. But no one pretends this always happens.

In fact, attending physicians sometimes find the foreign graduate a nuisance or even a menace to patients. He simply hasn't been properly educated, by our standards. Supporting this point of view, Dr. John M. Weir, associate director for medical and natural sciences of the Rockefeller Foundation, points to some fundamental deficiencies in many countries' medical training:

Students may go directly from secondary school to medical school. When this happens, they don't get "a sound base of biol-



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THE PROBLEM OF THE FOREIGN GRADUATE



DR. FRANK B. BERRY

Many foreign doctors have gone home "with great bitterness and cynicism because of the manner in which they were treated while in this country."

ogy, chemistry, physics, or mathematics suitable for graduate study in medicine . . . Instruction is limited to morning hours and consists only of massive lectures and demonstrations.

"For the most part, a modern clerkship . . . is unknown except in the United Kingdom, Sweden, Norway, and one or two countries outside Europe. As a consequence, students may and do ... start practice [or come here for training] without ever laying a hand on a patient or listening to a heart murmur."

As many American attendings can attest, poor knowledge of English is another common difficulty among the foreign graduates. No great harm was done when a Filipino doctor (whose medical school instruction, incidentally, had all been in English) found himself unable to understand a patient's complaints about a "Charley horse." But what about the anesthesiologist who got a patient hysterical when he couldn't understand that she didn't want a spinal?

Frequently, too, the foreign

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graduate's conception of his role as a doctor and his attitude toward patients are far removed from what's expected in this country. Attending M.D.s note, for example, that he may be negligent about aseptic technique or about protecting a patient's privacy.

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Dissatisfaction on the American side breeds dissatisfaction on the foreign side as well. Dr. Frank B. Berry, Assistant Secretary of Defense (Health and Medical), is concerned about "the young men who have returned to their homelands with

great bitterness and cynicism because of the manner in which they were treated while in this country."

While still here, many foreigners have voiced their dissatisfaction to this magazine. Says one of them:

"It is assumed that because of lack of opportunities in our countries for further training we should be willing to take and suffer all kinds of humiliation and injustices. Many excellent doctors are deceived by institutions that are only interested in getting cheap labor, where we are treat-

DR. DEAN F. SMILEY

There may not be enough internes to go around after the deadline because "we'll be shutting out one-third of those who would like to come."



THE PROBLEM OF THE FOREIGN GRADUATE



DR. WALTER S. WIGGINS

Any hospitals that keep "unqualified" staffers will "get their training programs disapproved as quickly as possible."

ed very freshly by almost everybody, and taught nothing."

Says another foreign house staffer in an American hospital: "There's nobody to be in charge of my education and guide my steps. In the U.S.A. the physicians are very busy and always in a hurry to get home."

Others report a brutal lack of concern about breaking the new doctor in gradually. Dr. Dean F. Smiley, executive director of the E.C.F.M.G., tells about the Japanese woman doctor who, on her first Saturday night in this country, was put in

sole charge of the emergency room in a Harlem hospital. She was understandably unnerved by the flood of drunks and stabwound cases.

Because he doesn't fully understand our ways, the foreign visitor may sometimes see discrimination where there is none. But some of the regulations that he finds irksome are obviously aimed directly at him.

Some specialty and state licensing boards have refused to admit him to their examinations or to grant him reciprocity. He's forbidden by law to do any outFOR THAT EXTRA MEASURE OF RELIEF IN SEVERELY PAINFUL RHEUMATIC AND TRAUMATIC DISORDERS

NEW

The addition of the unrivaled analgesic potency of codeine phosphate to PARAFON provides the muscle relaxant-analgesic effect necessary in severely painful musculoskeletal disorders. In these conditions, PARAFON with Codeine assures long-lasting relief of pain, stiffness and disability on low, practical dosage. Side effects are rare and seldom severe enough to warrant discontinuation of therapy.

dosage: One to two tablets 3 or 4 times a day.

supplied: White, compressed tablets, imprinted McNEIL, bottles of 24. Each tablet contains: PARAFLEX® Chlorzoxazone* 125 mg., TYLENOL® Acetaminophen 300 mg., and codeine phosphate 15 mg.

*U. S. Patent Pending
ONarcotic for which oral B is a



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THE PROBLEM OF THE FOREIGN GRADUATE

side work. Except in unusual circumstances, he can't stay longer than five years. And after July 1, he'll have to pass the American Medical Qualification Examination or be denied a post,

The Educational Council for Foreign Medical Graduates was established in 1957 by the American Hospital Association, the A.M.A., the Association of American Medical Colleges, and the Federation of State Medical Boards. It evaluates the credentials of foreign graduates who want to come here, or who are already in this country. Physicians who meet the requirement of eighteen years of formal education or its equivalent, including graduation from a recognized four-year medical college, may take the American Medical Qualification Examination.

This is given each spring and Continued on page 105



"Remember, you called me in the middle of the night last week to see about your wife's headache? Well, tonight as I drove past, I got to wondering how she's feeling!"

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allergic rhinitis ? in any case, for allergic symptoms, the most widely used antihistamine is CHLOR-TRIMETON

rhinitis?

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- as replacement therapy, in patients now treated with other drugs (In patients treated with rauwolfia or its derivatives, HYDROPRES can produce a greater antihypertensive effect. Moreover, HYDROPRES is less likely to cause side effects characteristic of rauwolfia, since the required dosage of reserpine is usually less when given in combination with HydroDIURIL than when given alone.)

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- 25 mg. HydroDIURIL. 0.125 mg. reserpine. One tablet one to four times a day.
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 - If the patient is receiving ganglion blocking drugs or hydralazine, their dosage must be cut in half when HYDROPRES is added
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for prompt remission in many skin disorders

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demonstrably anti-allergic, anti-inflammatory, anti-infective1-3

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 Lubowe: I. I.: Am. Pract. & Digest Treat. 7:962, 1956.
 Niedelman, M. L.: Ibid. 8:1753, 1957. 3. Combleet, T., et al.: J. Invest. Dermat. 27:61, 1956.

Case report in files of Pfizer Laboratories Medical Department

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THE PROBLEM OF THE FOREIGN GRADUATE

fall at stations here and abroad. Graduates who score 75 or better are awarded standard certificates; temporary certificates (good for about two years) are given graduates with grades of 70 to 74.

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956. 957. 956. nent Only graduates of Canadian and Puerto Rican schools are excused from taking the test. It's even required for Americans trained abroad.

In addition to a test of the ap-

STAFF MEN MAY HAVE TO DO INTERNES' WORK

Will hospital staff doctors soon be doing work ordinarily performed by internes and residents? That may happen after July 1, when some graduates of foreign medical schools will be weeded out of U.S. hospitals by the new qualifying tests of the Educational Council for Foreign Medical Graduates.

So says the Hospital Council of Greater New York. It notes that foreign-trained graduates now make up one-third of all internes and residents in U.S. hospitals. But after July 1 "there will be a decrease in the number of foreign medical graduates available," says Dr. Dean F. Smiley, who heads the committee that administers the tests. "We'll be shutting out one-third of those who would like to come."

As a result, the New York Hospital Council predicts, there may soon be 700 or 800 fewer internes and residents serving in the city's institutions. The shortage of internes probably won't affect hospitals affiliated with medical schools, says the council. But it expects nonaffiliated hospitals, which have had to rely almost entirely on foreign graduates to fill both interneships and residencies, to be in real trouble. And the affiliated institutions may find it hard to get enough U.S.-trained residents.

If the hospitals can't get internes' and residents' work done any other way, the council warns, "It may be necessary . . . for them to employ full-time or part-time physicians to provide these services. It is conceivable also that some of the duties assigned in recent years to internes and residents may have to be assumed by members of the attending staff."

THE PROBLEM OF THE FOREIGN GRADUATE

plicant's ability to understand and write English, the examination consists of 360 multiplechoice questions. All have been previously used in exams of the National Board of Medical Examiners or state licensing boards and could, experience shows, be answered correctly by some 98 per cent of American graduates.

Some foreigners say the test isn't fair because multiple-choice questions are unknown in their countries, and because only seven hours are allowed for the test. They also say proficiency in English plays too large a part in the examination.

Dr. Smiley admits that these criticisms are valid to some extent. But, he says, "It's the best scheme we can set up." And he defends the test as generally fair. He points out that in one country where multiple-choice questions are almost unknown, every one of the fifty-one applicants passed the latest exam. In other countries, only one out of nine or ten applicants may pass. So Dr. Smiley thinks a high failure rate

Continued on page 110



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Coolidge, C. W.; Glisson, C. S., and Smith, A. S.: J.M.A. Georgia 48:167, 1959.

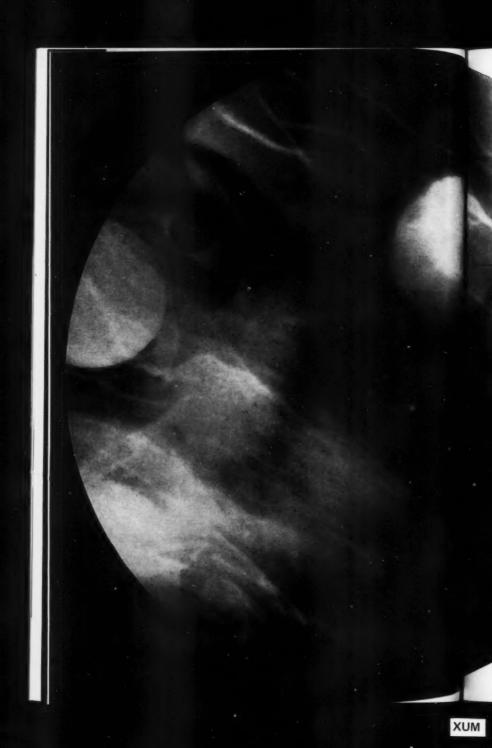
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for vertigo and dizziness

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dimenhydrinate with d-amphetamine sulfate

controls symptoms . . . improves mood Average dose: 1 tablet 2 or 3 times daily.

RESEARCH IN THE SERVICE OF MEDICINE

THE PROBLEM OF THE FOREIGN GRADUATE

usually indicates that the applicant has had inadequate preparation by American standards.

In this country, there has perhaps been more criticism of the way the test results are to be applied than of the test itself. Some directors of training programs believe that the man who can't pass the test needs our help more than the man who can. A New hospital administrator York comments. "The E.C.F.M.G. should simply publish the results and let the hospital decide whether it wants a man who got a score

of, say, 50. In my opinion, it's better to have a poorly trained interne than no interne at all."

No interne at all is the prospect now faced by many hospitals, however. Dr. Smiley predicts that only about 6,500 men will have qualified by the July 1 deadline.

What will happen to the foreigners already here who haven't passed the exam by July 1? They'll be allowed to stay if the; (1) have a full and unrestricted state license to practice, or (2) are in their final six months of



A logical combination for appetite suppression

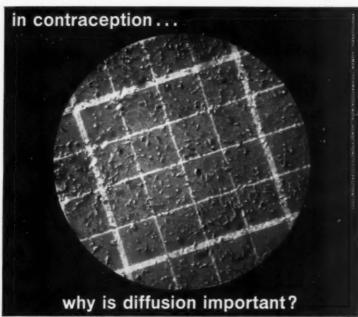
meprobamate <u>plus</u> d-amphetamine...suppresses appetite...elevates mood...reduces tension...

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Dosage: One tablet one-half to one hour before each meal.



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Supplied: Lanesta Exquisee® . . . with diaphragm of prescribed size and type; universal introducer; Lanesta Gel, 3 oz. tube, with easy clean applicator, in an attractive purse. Lanesta Gel, 3 oz. tube with applicator; 3 oz. refill tube — available at all pharmacies.

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MEDICAL ECONOMICS · JUNE 20, 1960 111

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THE PROBLEM OF THE FOREIGN GRADUATE

training, or (3) have been given a contingent appointment for not more than six months based on their having been accepted for the September, 1960, American Medical Qualification Examination.

Ignore the Deadline?

Some hospital administrators have talked of defying the deadline and hanging on to their "unqualified" house-staff members. But, says the A.M.A.'s Dr. Walter S. Wiggins, "the A.M.A. will . . . get their training programs disapproved as quickly as possible." Student visas are good only as long as the foreign visitor is in an approved educational program. So the hospital that defies the deadline will apparently soon lose both its approval and its house staff.

The foreign graduate who passes, however, will get more than a piece of paper for his trouble. For one thing, he'll be eligible to participate in the National Intern Matching Program and so to compete with American graduates for a good post. And he'll have a somewhat im-

proved chance of returning home with a specialty-board certificate, too.

Before he returns home, what does the foreign graduate need to make him a better house staffer here?

First of all, he needs better guidance in his choice of a hospital. One American surgical resident who has worked with several foreigners argues that if we're going to screen out the unqualified doctors we should screen out the poor hospitals, too: "I've worked with residents from overseas who were taught nothing but fast, sloppy methods during their interneships here. They'd have been better off with no interneship at all."

Already the A.M.A. is reportedly withdrawing its stamp of approval from some of the weakest programs. Others, some observers say, will fall by the way-side through lack of men to fill them during the next year or two. Foreign graduates will benefit by being steered toward the better hospitals that remain on the approved list.

Continued on page 116





rapid remission of bacterial diarrhea

For superior adsorbent action, POLYMAGMA contains Claysorb which is five times more adsorbent than kaolin. The two antibiotics in POLYMAGMA—polymyxin and dihydrostreptomycin—provide synergistic bactericidal action against common enteric pathogens to help restore normal intestinal function.

POLYMAGMA is unusually safe as systemic absorption of oral polymyxin and dihydrostreptomycin is negligible.

New in vitro study† shows Claysorb is 98-99% effective in adsorbing human enteric viruses Coxsackie, ECHO and poliomyelitis, types 1,2,3. Adsorption is immediate and constant over a wide range of pH and temperature.

Supplied: Bottles of 8 fl. oz. Wyeth Laboratories Philadelphia 1, Pa. †Bartell, P., Pierzchala, W., and Tint, H.: J. Am. Pharm. A. (Sc. Ed.) 49:1 (Jan.) 1960.

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Polymyxin B Sulfate, Dihydrostreptomycin Sulfate, and Pectin with Claysorb* (Activated Attapulgite, Wyeth) in
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a new class of drug for the relief of pain



analexin

the first analgomylaxant a single chemical that is both a general non-narcotic analgesic and an effective muscle relaxant

Analexin is a new synthetic chemical^{1,2} which produces (1) analgesia by raising the pain threshold and thus decreasing perception of pain and (2) muscle relaxation by selectively depressing polysynaptic transmission (interneuronal blockade), abolishing abnormal muscle tone without impairing normal neuromuscular function. The analgesic potency of one tablet is clinically equivalent to 1 grain of codeine; yet, Analexin is neither narcotic nor is it narcotic-related. Its muscle relaxant effect is comparable to the most potent oral skeletal muscle relaxants available.^{2,4}

Analexin for relief of pain and skeletal muscle tension. Each tablet contains 200 mg. of phenyramidal HCI. Dosage—1 tablet every 2-4 hours or as needed.

Analexin-AF for relief of pain and skeletal muscle tension complicated by fever and/or inflammation. Each tablet contains 100 mg. of phenyramidol HCI and 300 mg. of aluminum aspirin. Dosage—2 tablets every 4 hours or as required.

114 MEDICAL ECONOMICS · JUNE 20, 1960

in low back pain, arthritis and other musculoskeletal disorders... where pain makes tension and tension makes pain

stops both effectively

Phenyramidal HCI (Analexin) was evaluated by Batterman, et al.5 in a series of 118 ambulatory patients with various painful musculoskeletal disorders. These patients were observed for periods as long as 22 weeks. The authors conclude: "Not only is satisfactory relief of painful states achieved in the majority of patients regardless of etiology and duration of pain, but there is also no evidence suggestive of cumulative toxicity. Furthermore, in contrast to codeine and meperidine, the likelihood of untoward reactions occurring in ambulant patients is not high. This is a decided advantage since the control of pain in the ambulant patient with chronic pain is a major clinical problem."

In other studies, Bealer used Analexin in 26 cases of musculoskeletal pain and observed good or very good results in 11 patients; fair results in 14 and 1 case was unsatisfactory. Fifteen other patients were given Analexin-AF, and good or very good results were obtained in 13 out of 15 of these cases.67

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BIBLIOGRAPHY: 1. Gray, A. P., and Heitmeier, D. E.: J. Am. Chem. Soc. 81-4347, 1959. 2. Gray, A. P., et al. J. Am. Chem. Soc. 81-4347, 1959. 2. Gray, A. P., et al. J. Am. Chem. Soc. 81-4347, 1959. 3. O'Dell, T. B.; Wilson, L. R., Napoli, M. D.; White, H. D., and Mirsky, J. H. T. A. Proc. 181-184, 1959. 5. Battermon, R. C.; Grossman, A. J., and Mourotoff, G. J.; Am. J. Med. Sc. 238-135, 1959. 6. Bealer, J. D.; Chincol Report 511-392, April 1, 1959. 7. Stern, Ex Clinical Report 311-392, April 1, 1959. 7. S



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THE PROBLEM OF THE FOREIGN GRADUATE

Foreign graduates will also benefit if put through some special indoctrination programs. The typical foreigner may need to serve six months or so in a clerkship before taking on the duties of a house officer, says the Rockefeller Foundation's Dr. Weir: "[He] must be oriented to American practices in examination and diagnosis of patients in the hospital setting, and geared to a level of responsibility for patient-care which will permit [him] to function effectively as a resident house officer."

A review of the basic sciences is also important, says Dr. I. S. Ravdin, president of the Ventnor Foundation and vice president for medical affairs of the University of Pennsylvania. He has found that the foreigner needs about a year's refresher course in the basic sciences, as compared to only four months or so for Americans.

But besides all this, say those who have studied the problem, the foreign graduate needs more sympathetic attention from attending physicians. As Dr. Berry puts it:

"We need to improve our manners and philosophy as to the necessity of a true teaching approach. We must treat foreign doctors as individuals with inquiring minds and stimulate this spirit of inquiry at all times. If we can do that, they will go back and add greatly to the improvement of their own educational systems, as well as to the friendship between our country and theirs."

he newest

A few years ago, there were a good many articles in the lay press about the benefits of breast-feeding. I asked one of my expectant patients if she intended to breast-feed her infant. "Well," she said, "I can't decide—though I know it's the latest thing."

—M.D., OHIO

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ALPEN has greater freedom from the G. I. sequelae (overgrowth of resistant flora) sometimes observed with broad spectrum-mycins.

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WHEN TO USE ALPEN Recommended in the treatment of infections caused by pneumococci, streptococci, gonococci, corynebacteria, and penicillinsensitive staphylococci.

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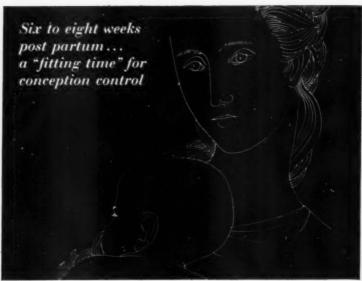
PRECAUTIONS The usual precautions in the administration of oral penicillin should be observed. For further details see package literature. Tablets: 125 mg. and 250 mg., bottles of 25 and 100. Powder for Oral Solution (lemon-lime flavored), 1.5 Gm. bottle (125 mg. per 5 cc. teaspoonful).

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The regular RAMSES Diaphragm, suitable for most women, is made of pure gum rubber, with a dome that is unusually light and velvet smooth. The rim, encased in soft rubber, is flexible in all planes permitting complete freedom of motion. For those women who prefer or require an arcing type disphragm, the new RAMSES BENDEX embodies all of the superior features of the conventional RAMSES Diaphragm, together with the wery best hinge mechanism contained in any arcing diaphragm. It thus affords lateral flexibility to supply the proper degree of spring tension without discomfort.

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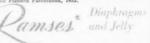
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Jelly tube. Each kit is supplied in an attractive plastic zippered case, beautifully fini-shed inside and out. Both types are now available at key prescription pharmacies.



Reference: 1. Tietze, C.: Proceedings, Third International Conference Planned Parenthood, 1953.



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What's This Doctor's Name?

The world is full of medical men who are famous for their nonmedical achievements. Here's the first of several quizzes about such physicians. Can you identify this novelist, this statesman, and this football hero by name?

By James Joyce Donahue

Picture a gathering of distinguished men of letters in, say, 1893. Into the midst of a learned discussion of books, someone drops the timeless query, "Is there a doctor in the house?"

"Da," says an intense-looking Russian. "I'm an expert on cholera." Dr. Anton Chekhov steps forward.

"Is there a doctor, indeed!" snaps an American. "Haven't you read my historic treatise on puerperal fever?" Dr. Oliver Wendell Holmes rises.

"Elementary, my dear Dr. Holmes," interjects Sir Arthur Conan Doyle.

Such a gathering never took place, of course. But it could have. It's all by way of illustrating that there have been many doctors of medicine who have achieved lasting fame *outside* their profession.

In addition to Chekhov, Holmes, and Doyle, the list of

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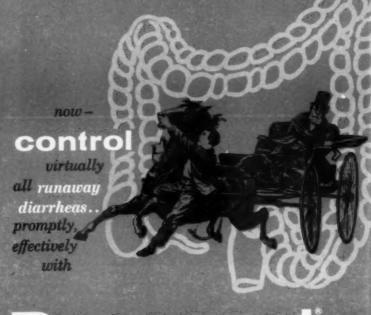
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1. The New York Times said of this man: "He makes the drama of life and death beneath the surgeon's knife tensely exciting." So engrossing are his stories, written from a wide and continuous background of surgery, that he has been one of America's best-selling novelists for nearly twenty years. He got his M.D. from Johns Hopkins in 1930; and he wrote his first novel, "That None Should Die," while practicing surgery in Jacksonville, Fla., in 1941. Since then, he has written a score of other books,



many of them best sellers, most of them involving a doctor-protagonist. His works include "Spencer Brade, M.D.," "Battle Surgeon," "A Touch of Glory," "Sword and Scalpel," and "The Warrior." A diplomate of the American Board of Surgery, he is 52 and lives in Jacksonville, Who is he?

doctors who have made their mark in literature includes such giants as Drs. John Keats, Rabelais, Friedrich von Schiller, and Somerset Maugham. Dr. Benjamin Rush was a signer of the Declaration of Independence. Dr. Frederick A. Cook was a noted Arctic explorer, Dr. Wil-

liam Rimmer was a highly successful American painter-sculptor.

In particular, the roster of sports is crammed with the names of M.D.-stars. Drs. Mal Stevens, Eddie Anderson, and Clarence (Fat) Spears are Continued on page 129

Gm.

mg.

mg.

mg

mg. g.)

1878

Dial soap found to be extraordinarily effective against even resistant strains of

staphylococcus

Routine use by physicians, nurses and as aid in eliminating one source of

The antibacterial ingredient in Dial—a synergistic combination of hexachlorophene and trichlorocarbanilide—has long been known for its effectiveness against the skin bacteria that cause perspiration odor.

Now new and more extensive tests have established that Dial inhibits the growth of a wider range of gram-positive and gram-negative bacteria than any other leading toilet soap—including strains that are resistant to antibiotics.

Many physicians already recommend the use of Dial to their patients. Now this new evidence points up even more sharply the benefits of Dial for hospitalized patients and hospital personnel.

Dial is available in guest sizes for hospitals. Ask your hospital purchasing agent to write our laboratory at the address below for information and free samples.

FROM THE SOAP DIVISION OF ARMOUR AND COMPANY

126 MEDICAL ECONOMICS - JUNE 20, 1960

aureus

patients suggested infection in hospitals!



1355 W. 31st Street, Chicago 9, Ill.

In vitro tests demonstrate Dial's antibacterial superiority against Staph. Aureus



 Ordinary toilet soap left this heavy Staph growth.



2. A widely used antiseptic soap showed little inhibition of Staph.



 Dial Soap completely inhibited the growth of Staphylococcus aureus.

MEDICAL ECONOMICS JUNE 20, 1960 127

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Used in hospitals and doctors' offices for over fifty years as a local and general anesthetic through refrigeration or inhalation, Gebauer's Ethyl Chloride in the 100 gram metal tube is also an important element of the modern doctor's emergency kit. Unbreakable, leakproof, ready for instant use, its finger-tip control valve directs a spray or jet stream depending upon degree of anesthesia desired.

Ethyl Chloride is also available in the dispenseal amber bottle with its choice of three nozzle openings: fine, medium or coarse jet spray. Widely used as a local anesthetic for minor surgical procedures and the alleviation of needle pain during hypodermic injections, Gebauer's Ethyl Chloride is guaranteed to retain its purity and remain unchanged indefinitely. Gebauer Chemical Company, 9410 St. Catherine Ave., Cleveland 4, Ohio.

Makers of:

FLURO-ETHYL

GEBAUER CHEMICAL COMPANY

128 MEDICAL ECONOMICS · JUNE 20, 1960



2. To this man belongs a large portion of the credit for Alaskan statehood. He has been a hero in Alaska for years, but he was born in New York City, son of a noted surgeon. He worked as a reporter for the Boston American while attending Harvard (where he got his M.D. in 1912). Later, he held editorships on the Boston Traveler, the Boston Journal, the Nation, and the New York Evening Post. In 1934, he was appointed director of the Division of Territories and Island Possessions of the Department of the Interior. In this capacity, he got his



first glimpse of Alaska, a visit he has since called "the profound thrill of a lifetime." He was appointed Governor of the territory in 1939 and soon became a vigorous battler for statehood. In 1958, he was elected to the first Senatorial team from the forty-ninth state of the Union. Here, he's shown with former President Truman. What's his name?

among the greatest of college football coaches. Dr. Dan Fortmann is an all-time great of the National Football League, which has also seen such standouts as Drs. Joe Kopcha, Bill McColl, and John Mohardt. Dr. Ernie Vandeweghe starred for years with the New York Knickerbockers basketball team.

In fact, a physician—James Naismith—invented basketball. And another doctor, Joseph Continued on page 133

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KLI FRE when anxiety accompanies somatic complaints . . .

STELAZINE

brand of trifluoperazine

the outstanding tranquilizer that relieves anxiety and restores normal drive

When 'Stelazine' was given, along with appropriate specific medication, "marked relief of emotional and physical symptoms was obtained in 82% of the [120] patients studied.

"Outstanding results were obtained in the patients with gastrointestinal symptoms.... In depressed patients, there was a notable restoration of energy and drive, without euphoria."

Phillips, F.J., and Shoemaker, D.M.: Treatment of Psychosomatic Disorders in General Practice, Report accompanying Scientific Exhibit at the 12th Clinical Meeting of the American Medical Association, Minneapolis, Minnesota, Dec. 2-5, 1958.

AVAILABLE: For use in everyday practice: 1 mg. tablets, in bottles of 50 and 500; and 2 mg. tablets, in bottles of 50. N.B.: For information on dosage, side effects, cautions and contraindications, see available comprehensive literature, PDR, or your S.K.F. representative.



FRENCH leaders in psychopharmaceutical research



It has been found that those who develop obesity in childhood appear to have more of a dictary problem than those who develop obesity in the adult years. As a service to those advising about the obese child, a basic cereal and milk breakfast is worth consideration. Its fat content of 10.9 gm. provides 20 per cent of the total

calories, thus it is moderately low in fat. It is wellbalanced as shown in the chart below. The Iowa Breakfast Studies demonstrated that children of about this age have better grades and attitudes at school when they eat a well-balanced basic cereal and milk breakfast each morning.

Recommended Daily Dietary Allowances* and the Nutritional Contribution of a Basic Cereal and Milk Moderate Low-Fat Breakfast

Menn: Orange Juice—4 oz.;

Cereal, dry weight—1 oz.;

Whole Milk—4 oz.; Sugar—1 teaspoon;

Toast (white, enriched)—2 slices;

Butter—5 gm. (about 1 teaspoon);

Nonfat Milk—8 oz.

Nutrients	Colories	Protein	Calcium	Brom	Vitamin A	Thiomine	Riboflavin	Niacin equiv.	Ascorbic Acid
Totals supplied by Basic Breakfast	503	20.9 gm,	0.532 gm.	2.7 mg.	588 LU.	0.46 mg.	0.80 mg.	7.36 mg.	65.5 mg.
Recommended Dietary Allowances—Children, 10 to 12 Years (36 kg.—79 lb.)	2500	70 pm.	1.2 gm.	12 mg.	4500 LU.	1.3 mg.	1,8 mg.	17 mg.	75 mg.
Percentage Contributed by Basic Breakfast	20.1%	29.8%	44.3%	22.5%	13.1%	35.4%	44.4%	43.3%	87.3%

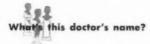
Cereal Institute, Inc.; Broakfast Suucea Buch, Chicago: Cereal Institute, Inc., 1998. Fund & Nutrition Bd.: Recommended Dietary Allowances, Revised 1958, Nutl. Acad. Sci.—Nutl. Resourch Council Publication 189, 1958. Watt, B. K., and Mertill, A. L.; Composition of Foods—Raw, Processed, Prenned U.S. Dat. Aericultuse Hembook No. 8, 1959. *The allowance levels are intended to cover individual variations among most mornal persons as they live in the United Science under assat environmental iterster. Caloric allowances apply to individuals vasually sengaged in moderate physical activity. For affice workers or others in sedentary occupations they are excessive, Adjustments must be made for variations in body size, age.

CEREAL INSTITUTE, INC.

135 South La Salle Street, Chicago 3

A research and educational endeavor devoted to the betterment of national nutrition

132 MEDICAL ECONOMICS · JUNE 20, 1960



3. No old grad will ever forget the afternoon in 1931 when this Harvard football captain put on one of the greatest one-man shows in gridiron annals. With Army leading 13-0, he tossed a long pass for a touchdown, threw another pass to set up a second touchdown, and calmly scored both extra points to pull a closing-minute, 14-13 victory out of the hat. He accomplished all this after twice bringing down Army runners from behind when they were headed for seemingly certain scores. Later in the season, he duplicated this spinetingling feat by heaving a fortyseven-yard touchdown pass and booting the extra point to beat Dartmouth 7-6, with only seconds remaining in the game. Now an Ivy League legend, he not only was one



of America's greatest all-around athletes but was also an outstanding scholar and recipient of Harvard's coveted Burr Scholarship. Born in Milton, Mass., he got his M.D. from Johns Hopkins in 1936 and subsequently became Professor of Medicine and head of department at Washington University, St. Louis. Since 1955, he has been professor of microbiology and vice president of Johns Hopkins. Know who he is?

Guillotin, invented something that led to another popular pastime: the guillotine.

The number of contemporary physicians who are widely known for their nonmedical achievements is almost legion. Photographs and biographical sketches of three of them appear in these pages. Can you identify all three? You'll find their names on page 150.

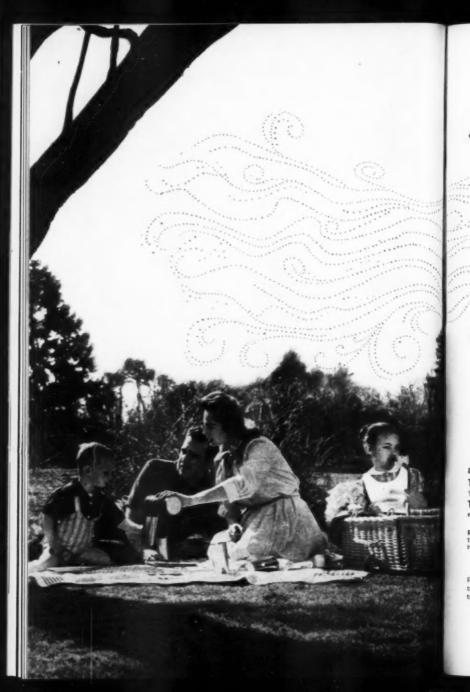
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when Pollen Polly "rides the wind...

Triaminic[®]

... relief from pollen allergies

more complete than antihistamines alone . . . more thorough than nose drops or sprays

The miseries of respiratory allergy can be relieved so effectively with Triaminic.¹⁻⁸ Triaminic contains two antihistamines plus the decongestant, phenylpropanolamine, to help-shrink the engorged capillaries, reduce congestion and bring relief from rhinorrhea and sinusitis.¹ Oral administration distributes medication to all respiratory membranes without risk of "nose drop addiction" or resound congestion.^{2, 3}

Each Triaminic timed-release Tablet provides:

Phenylpropanolamine HCi 50 mg.
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also available:

TRIAMINIC JUVELETS®-

1/2 the formulation of the Triaminic Tablet with timed-release action.

TRIAMINIC SYRUP-

each teaspoonful (5 ml.) provides ¼ the formulation of the Triaminic Tablet.

References: 1. Fabricant. N. D. E.E.N.T. Monthly 37, 460 (July) 1958. 2. Lhotka, F.M.: Illinols M. J. 112:259 (Dec.) 1957. 3. Farmer. D. F. Clin. Med. 5.1183 (Sept.) 1958. 4. Fuchs, M.: Bod. T. Mallen, S. H.: Hernando, L., anil Moyer, J. H.: Antibiotic, Med. S. Clin. Ther. 7.37 (Jan.) 1960. 5. Hajpern, S.R., and Rabinowitz, H.: An An Allergy 18, 36 (Jan.) 1960.

Relief is prompt and prolonged because of this special timed-release action



first—the outer layer dissolves within minutes to produce 3 to 4 hours of relief

then – the core disintegrates to give 3 to 4 more hours of relief

SMITH-DORSEY · A DIVISION OF THE WANDER COMPANY · LINCOLN, NEBRASKA

How to Keep Your Aide From Quitting

If you have an efficient assistant, it's worth some time and trouble to make sure she'll stay. Follow these suggestions, and she almost certainly will

BY HORACE COTTON

Young Dr. Callow—I've invented the name, but the man is real—tiptoed into his front office one day and backed his unsuspecting secretary up against a file cabinet. He put his arms around her and whispered in her ear: "Will you please get me Mrs. Adams' chart?" His aide gasped, then giggled.

No doubt about it, Dr. Callow kept his secretary in stitches. At least, she used to tell his patients: "That man's a real cut-up." Whether he kept her happy is another question. I remember noticing the rueful expression on her face when she made the remark.

Actually, running a happy office has little to do with horseplay or telling funny stories, as you undoubtedly realize. What you may not realize is that it's comparatively easy to keep your as-

Continued on page 140

This article is the sixth in a series. Earlier articles dealing with finding, hiring, and training an aide appeared in the Feb. 15, March 14, April 25, May 23, and June 6 issues of Medical Economics.

Cardiovascular Patients Fare Better



Becotin° with Vitamin C

protects against "diuretic washout"-Patients undergoing diuresis may require dietary supplementation with B complex and C vitamins to replace these water-soluble factors.

fortifies restricted diets-It is difficult to devise diets which are severely limited in salt, cholesterol, or calories yet still supply adequate vitamin intake. Becotin with Vitamin C provides generous amounts of the water-soluble B complex and ascorbic acid plus all the vitamins naturally occurring in desiccated liver and stomach tissue. Prescribe 1 to 3

Pulvules® daily, according to the degree of diuresis or dietary restriction. Becotin® with Vitamin C (vitamin B complex with vitamin C, Lifly)

LILLY VITAMINS ... "THE PHYSICIAN'S LINE"

"In our hands it has been particularly helpful



STAPH. INFECTIONS

XUM

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Ilos 125 Sulf and lloso 1. Sm

in the treatment of staphylococcic disease."1

In difficult staph. infections, a decisive response may be obtained with Ilosone® in a high percentage of cases.

In a study¹ of 105 patients, sixty-four of whom had Staphylococcus aureus infections, good results were obtained with Ilosone in 94 percent. Ten subjects had previously failed to respond to other forms of chemotherapy. The authors concluded that Ilosone "... is useful in treatment of a number of common infections and has been effective in treatment of a number of less common and more serious infections... In our hands it has been particularly helpful in the treatment of staphylococcic disease."

Ilosone is available in **Pulvules®**, 125 mg. and 250 mg.; Lauryl Sulfate **125 Suspension**, 125 mg. (base equiv.) per 5-cc. tsp.; and Lauryl Sulfate **Drops**, 5 mg. (base equiv.) per drop. Usual dosage for adults and children over fifty pounds is 250 mg. every six hours.

llosone® (propionyl erythromycin ester, Lilly)

1. Smith, I. M., and Soderstrom, W. H.: J. A. M. A., 170:184, 1959.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

ILOSONE WORKS

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HOW TO KEEP YOUR AIDE FROM QUITTING

sistant (or assistants) content. All that's needed is a sensibly planned and carefully executed program.

As a medical management

consultant. I've talked with more than a thousand aides. From these conversations I've distilled some practical, down-to-earth suggestions for physicians who

A Suggested Policy for

As a physician, you can't offer an employe all the fringe benefits that industry provides. But you can offer her a vacation and timeoff program, set down in black and white. That will make her happy. And it will help avoid future misunderstandings.

Here's a plan that Management Consultant Horace Cotton recommends. Tested over a period of time by a number of physicians, it has worked very satisfactorily:

VACATION LEAVE:

For the calendar year in which she enters your employ, your aide earns a paid vacation at the rate of one day per month worked, up to and not exceeding twelve days.

Beginning the following calendar year, she's given a paid vacation of twelve working days.

Saturdays are considered working days.

Vacation dates are selected at your convenience.

Extra vacation leave may be granted—but without pay and at your discretion.

Vacation leave may not be accumulated from year to year.

SICK LEAVE:

No assistant with less than six months' service is entitled to sick leave with pay.

An aide with six to twelve months' service is entitled to up to one week's paid sick leave, if necessary.

want to keep a competent aide. Here they are:

1. Let her go home at a reasonable hour.

Perhaps it surprises you that I

pick this as my first piece of advice. I used to think that the most important thing to an aide was adequate pay. I was wrong. Over the years, girl after girl has told

an Aide's Time Off

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After one year's service, she's entitled to up to two weeks' paid sick leave in any one year, if necessary.

Like time off for vacations, her sick leave is noncumulative.

Of course, you can always grant her additional sick leave, depending on the merits of the case. Such additional leave might be with or without pay.

EMERGENCY LEAVE:

Paid leave for special purposes (e.g., death or sickness in the family) may be granted at your discretion, with a maximum of three days' paid emergency leave in any calendar year. Also included: a half-day sometime in December for Christmas shopping.

HOLIDAYS:

Normally, the following are recognized as paid holidays:

- (1) New Year's Day
- (4) Labor Day
- (2) Washington's Birthday
- (5) Thanksgiving
- (3) Independence Day
- (6) Christmas

COMPENSATING TIME OFF

Brief and occasional overtime is included in the terms of your aide's employment. Protracted or frequent overtime will be compensated by time off with pay, taken at your convenience.

OTHER ABSENCES:

All absences not covered by the above rules are without pay, unless you determine otherwise.

me her working-day dream: "to get out of this office on time."

Miriam Bredow agrees that "overlong and irregular hours" are a major cause of friction between doctors and their aides. And she should know. Director of women at New York's Eastern School for Physicians' Aides, she's author of two textbooks for medical assistants and is herself a former medical secretary.

The fact that regularly kept office hours mean so much to the average aide shouldn't be surprising. After all, a big per-

HOW MUCH SHOULD YOU PAY AN AIDE?

Regional wage rates vary so widely that it's impossible to set a specific figure for standard salaries of medical assistants. But Management Consultant Horace Cotton has this advice:

Under no circumstances offer a prospective aide the lowest going rate in your locality. Experience shows that if you do, she'll either turn you down or be unhappy in her new job. Sobase her salary on what she can get at a comparable job in some other professional work or in business. Then work up a schedule of regular raises—an important factor in keeping any employe happy.

Physicians in one North Carolina community devised such a pay-scale plan not long ago and found that it worked well. Revised somewhat to fit local conditions, the following schedule might serve as a model for one of your own:

Per Month			
Starting Salary	Annual Raise	Maximum Salary	
\$300	\$15.00	\$360	
275	12.50	325	
250	12.50	300	
300	15.00	360	
250	12.50	300	
	\$300 275 250 300	Starting Salary Annual Ruise \$300 \$15.00 275 12.50 250 12.50 300 15.00	

"... most bacterial infections encountered in pediatric practice will respond satisfactorily...



CYCLAMYCIN promptly and reliably controls most common infections caused by a wide variety of gram-positive and several species of gram-negative pathogens. It is also effective against several obstinate pathogens, including some staphylococci resistant to other antibiotics.

"... 85 per cent of [200] treated patients
obtained a clinical cure ..."

Children accept it readily. Delicious cherry-raspberry flavor • homogenized suspension • easy to take, well tolerated • serious reactions due to sensitivity or toxicity are rare.

For further information on prescribing and administering CYCLA-MYCIN see descriptive literature, available on request.

1. Ripberger, F.M., Jr., et al.: Antibiot. Med. & Clin. Therap. 6:662 (Nov.) 1959.

CYCLAMYCIN

Triacetyloleandomycin, Wyeth

SUPPLIED: Oral Suspension, 125 mg. per 5-cc. teaspoonful, bottles of 2 fl. oz. Capsules, 125 mg. and 250 mg., vials of 36.

Wyeth Laboratories Philadelphia 1, Pa.



centage of doctors' assistants are married. I suppose a good proportion of them have children.

But even if they haven't, wanting to get home after eight or nine hours of dealing with sick people is a reasonable desire. And it's unfortunately true that the more efficient an aide, the more tempted her employer is to lengthen her working hours.

I remember a striking example. For years, a client of mine in Georgia had a succession of soso aides. For years, he'd gone home (by way of the hospital) at 5:30. But then he hired Monica, the very model of a medical assistant. With her skilled help, he began to see more and more patients. And he gave the people he saw better service in less time. His schedule grew—and his office hours stretched out to 6:30 or 7, three or four nights a week. His bankroll fattened. And he was very happy.

But Monica wasn't. She left. She'd taken the job in his office for one simple reason: It had long been a local byword that Continued on page 148

In asthma, hay fever, chronic bronchitis and related bronchial conditions .



... also an effective analgesic and antipyretic for head colds, menstrual distress, neuralgia and arthritic pain

Write for Professional Samples and Literature

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144 MEDICAL ECONOMICS · JUNE 20, 1960

dual control

of severely inflamed hemorrhoids, proctitis, cryptitis, anal pruritus

full speed ahead with

DESITIN HC hemorrhoidal SUPPOSITORIES with hydrocortisone

for rapid, dramatic relief of severe inflammation, pain, pruritus and edema; 2 daily for up to 6 days.





then switch to regular

DESITIN

hemorrhoidal

SUPPOSITORIES

to maintain patient comfort ...they soothe, protect, lubricate, aid healing.

both suppository formulas contain healing cod liver oil

SAMPLES and literature available from...

DESITIN CHEMICAL COMPANY

812 Branch Avenue, Providence 4, R. I.

MEDICAL ECONOMICS · JUNE 20, 1960 145

ead pain

HIO

take the misery out of menopause...



as hormones alone often don't do
Fast-acting Milprem
directly relieves both
emotional dread and
estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and assurances can now help her make her adjustment much faster.

Dosage: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

Composition: Miltown (meprobamate) + conjugated estrogens (equine).

Supplied: Milprem-400, each coated pink tablet contains 400 mg.
Miltown and 0.4 mg. conjugated estrogens (equine).
Milprem-200, each coated old-rose tablet contains 200 mg. Miltown and
0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60.

Literature and samples on request.

Milprem®
(Miltown® plus natural estrogens)

WALLACE LABORATORIES

New Brunswick, N. J.

the doctor closed up punctually at 5:30 P.M.

I don't mean to say that a doctor should aim at bankers' hours. Nor does a good aide demand any such schedule. Any girl worth her salt will stay late in an emergency. But she *does* want to leave at going-home time whenever possible.

Pay her well, and raise her pay regularly.

In the long run, this formula will put you many dollars ahead. Don't forget that almost any competent girl can earn more in a commercial office than a physician usually pays. And in such an office, she knows from the



"You can pick it up at the front desk when you're discharged!"

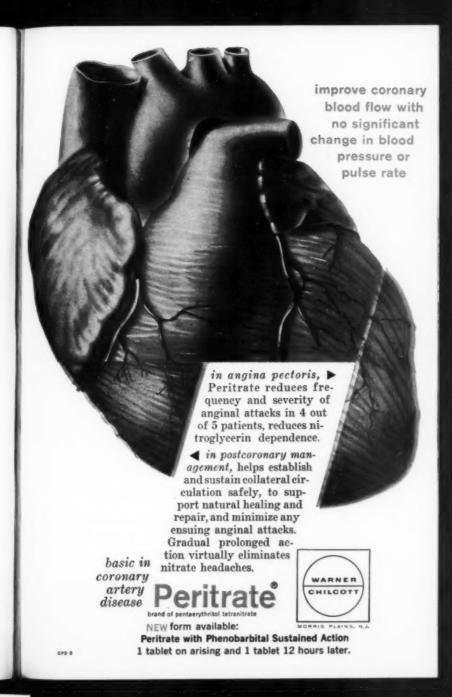
outset how high her check can go if she does good work.

Commerce and industry not only offer higher pay. They add other frills that can be priced in dollars: hospitalization benefits, production bonuses, overtime pay, pension and profit-sharing plans. These can easily add up to thirty or forty cents an hour above the base salary.

So your aide probably chose her profession primarily because she likes the work. That's all the more reason to insulate her against the attraction of the wantad columns by paying her what she's worth.

If I could, I'd tell you exactly how much to pay her. But wage scales vary widely. What's right for San Antonio won't do for New York City. However, I can tell you how to find out about the competition you're up against: Simply write or telephone the nearest state employment bureau. From this source, you can get vital data on the pay and fringe benefits that go with similar local jobs.

Don't ask what rates other physicians in your area are pay-



why do doctors keep coming back to

PHOSPHO²-SODA

...because of its versatile yet reliable action...as a gentle laxative or purgative...works within one hour when taken before meals—or overnight when taken at bedtime.

Patients like its predictable action without irritation or discomfort. Easy to take...with water, carbonated beverages, juices. Safe for all age groups ... used for over 60 years.

100 cc. contains: 48 Gm. sodium biphosphate and 18 Gm. sodium phosphate in bottles containing 21/2, 6, and 16 fl.oz.

Available at local pharmacies,



C. B. FLEET CO., INC. Lynchburg, Virginia 150 MEDICAL ECONOMICS · JUNE 20, 1960

HOW TO KEEP YOUR AIDE

ing. Get the going rates for commercial secretaries and book-keepers, instead. For nurses, ask about the pay of industrial nurses. Also check the prevailing daily fees of private-duty nurses at your hospital. Ask the local health officer what his publichealth nurses get. If there's a veterans' hospital in your vicinity, check the Federal pay scale.

And prepare yourself for a surprise. Almost invariably, you will find that this competition pays more than you'd thought.

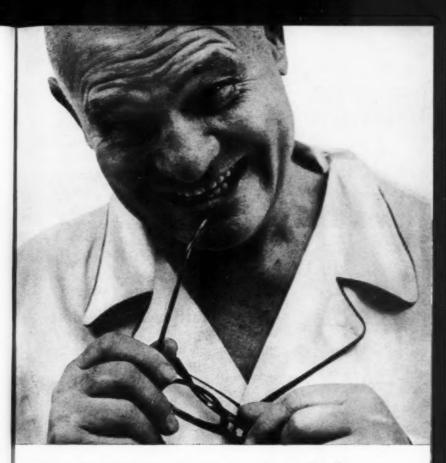
I can be a bit more specific about the size and frequency of the pay raises your aide should get. Here's a plan that has worked out successfully wherever it has been put in effect:

Set up a pay scale for your aide. Let it cover four years. Graduate it so that she'll get Continued on page 154

What's This Doctor's Name?

(Answers to the quiz on page 123)

- 1. Dr. Frank G. Slaughter.
- 2. Dr. Ernest H. Gruening.
- 3. Dr. William Barry Wood Jr.



Patients are happier when doctors choose Fleet® Enema

They are free of the visceral discomfort and prolonged embarrassment so often caused by older enema methods. The ready-to-use Fleet Enema squeeze bottle also does away with troublesome preparation and cleanup procedures. Insertion is

You can order Fleet Enema with confidence for a variety of diagnostic and therapeutic purposes-even for patients

made easy and safe with the prelubricated, anatomically correct 2inch rectal tube. Most important-Fleet Enema provides a quick yet thorough cleansing action with only 41/2 fl.oz. of precisely formulated, standardized solution.1

on sodium-restricted regimens.2 Systemic absorption is negligible.



100 cc. contains: 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate in 4½-fl.oz. squeeze bottle. Pediatric size, 234 fl.oz. Also available: Fleet Oil Retention Enema, 4¾-fl.oz. ready-to-use unit containing Mineral Oil U.S.P.

1. Rosenfield, H. H., et al.: Obst. & Gynec. 11:222, 1958. C.B. FLEET CO., INC. LYNCHBURG, VIRGINIA 2. Hellman, L. D.: To be published.

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In spite of the enormous growth of the pharmaceutical industry and the tremendous investment that drug manufacturers put into research, the chances of their developing really new drugs that act along new principles . . . remain very small indeed. As a result only a very small fraction of the new preparations that are marketed each year represent such truly new drugs.

New England J. Med., Dec. 3, 1959, p. 1190.

Maltbie Laboratories is proud to announce such a truly new chemical entity: 1-m-aminophenyl-2-pyridone. Its name...

Dornwal

for treatment of anxiety and tension without causing drowsiness

therapeutically outstanding: effectively interrupts tension headache / relieves acute emotional upsets / does not produce depression or depersonalization / is well suited to ambulatory patients / is virtually devoid of hypnotic or sedative activity / patients remain alert without undue stimulation /

MALTBIE LABORATORIES DIVISION Wallace & Tiernan Incorporated Belleville 9, New Jersey

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a tranquilizer with minimal side effects: Look at the dramatically low incidence in an unselected group of 593 patients . . .

Symptoms	Patients	Symptoms	Patients	
Drowsiness	9	Tinnitus	1	
Sedation	2	Stimulation	3	
Nausea	7	Insomnia	1	
Pruritus	2	Dry mouth	8	
Blurring	4	Exanthema	2	
vision		Tremor	3	

DROWSINESS WAS MINIMAL

(only 9 out of 593 patients: less than 2% ... statistically not significant)

Prescribe Dornwal for your next patients who need a tranquilizer but cannot afford to be drowsy. Write for your trial supply.

Indications: anxiety and tension, various types of psychoneuroses, tension headache, menopausal syndrome, alcoholism, premenstrual tension, behavior problems in children.

Dosage: One or two 200 mg. tablets three times a day. Children, one or two 100 mg. tablets two times a day. Administration limited to three months duration.

Supply: 200 mg. yellow scored tablets, and 100 mg, pink tablets, each in bottles of 100 and 500.

No absolute contraindications to the use of Dornwal are known. There have been no reports or evidence of habituation, addiction or drug tolerance in animal or clinical studies. Dornwal has proved to be relatively free from untoward effects when administered at recommended dosage.

References: 1. Landis, C.: Whittier, J. R.: Dillon, D., and Link, R.: Clinical findings and psychophysiological tests of the effects of a new psychopharmacologic agent: Dornwal, Am. J. Psychiat. 116:747 (Feb.) 1960. 2. Litchfield, H. R.: Aminophenylpyridone, a new mood-stabilizing drug, Arch. Pediat., in press. 3. Cass, L. J.; Frederik, W. S., and Teodoro, J.: Evaluation of Calmative Agents: Revision of methods, Am. Pract. & Digest Treat., in press. 4. Nodine, J. H.; Bodi, T.; Levy, H. A.; Siegler, P. E., and Moyer, J. H.: The use of amphenidone as an ataractic agent in outpatients, American Federation for Clinical Research, New Orleans, Jan., 1960. 9. Cantelmo, A. L.: Clinical evaluation of aminophenylpyridone as a new drug for stabilizing emotional behavior, Current Therap. Res. 2:72 (Feb.) 1960.

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about 5 per cent more each year until she reaches a ceiling of 20 per cent above her starting pay. Of course, you can give her twice-yearly jumps of around 2½ per cent instead.

Most important of all, let your aide know about the raises that are in store for her. Then she'll be far less likely to succumb if a local businessman offers her a few dollars more.

Spell out the "extras" you're willing to grant.

Some of industry's fringe benefits are beyond your power to provide—pensions, for instance. But there are "extras" you can offer to make your aide's job more attractive. An established Christmas bonus, for instance.

Then there are vacations, paid sick leave, emergency leave, and various other "time off" privileges. Being liberal about these things is one of the best ways I know to keep an aide happy. But it isn't enough to be liberal in haphazard fashion. Every girl wants to know ahead of time what she's to get and what she isn't.

More

Medicated Noxzema eases acute discomfort due to 5 kinds of skin irritation

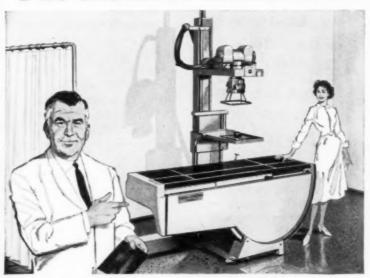
Medicated Noxzema relieves skin discomfort fast, speeds healing. It's pleasant, greaseless, non-sticky. You can recommend and use Noxzema confidently. This famous cream has been tested and proved in home use for over 25 years. Highly suitable for the following uses:

- 1. An effective, cleansing, medicated treatment for adolescent blemishes.*
- 2. Helps heal rough, red hands. Softens, smooths, beautifies-fast!
- America's #1 sunburn remedy. Cools, soothes, brings relief to sunburn agony in 3 seconds.
- Helps heal even difficult cases of infant diaper-rash burn.
- A Noxzema massage brings immediate comfort to patients with bed-or-bandage sores.

*surface blemishes



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diagnostic x-ray equipment planned for private practice!

Few who pu. "hase x-ray equipment have time to thoroughly test the quality of materials, workmanship and technical performance offered by all the makes of x-ray units. And happily this is not necessary.

The manufacturer's reputation is worth more than anything else to you in choosing x-ray equipment, one of the most complex professional investments you will ever face.

General Electric has created "just what the doctor ordered" in the 200ma Patrician, in terms of both reasonable cost and operating qualities, Here diagnostic x-ray is ideally

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tailored to private practice, Patrician provides everything you need for radiography and fluoroscopy—and with consistent end results, since precise radiographic calibration is as much a part of the Patrician combination as it is of our most elaborate installations. Ask your G-E x-ray representative about the Patrician "package," or return our coupon below for illustrated literature.

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Unique benefit of APRESOLINE°

helps reverse advancing hypertension

Apresoline contributes an exclusive action to the antihypertensive program: It is the only therapeutically acceptable agent to increase renal blood flow and relax cerebral vascular tone while it lowers blood pressure. With improved kidney function, advancing hypertension can often be halted—or even reversed.

Apresoline is indicated for moderate to severe and malignant hypertension, renal hypertension, acute glomerulonephritis, and toxemia of pregnancy.

When less potent drugs are not fully effective, when renal function must be improved, Apresoline is a logical prescription. Except in rare instances side effects are not a serious problem when the recommended maximal daily dosage (400 mg.) is not exceeded.

Rx APRESOLINE®-ESIDRIX®

for potentiated antihypertensive effect in advancing hypertension

SUPPLIED: APRESOLINE Tablets, 10 mg., 25 mg., 50 mg. APRESOLINE-ESIDRIX Tablets, each containing 25 mg. Apresoline hydrochloride and 15 mg. Esidrix.

APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA). APRESOLINE® hydrochloride-Esipaix® (hydralazine hydrochloride and hydrochlorothlazide CIBA).



HOW TO KEEP YOUR AIDE

I remember a busy general practitioner's saying to me one morning: "See if you can smooth Lucy down, will you? She's nursing a grudge against me. She asked for Columbus Day off, and I said no. You see, her husband gets Columbus Day off. But the real trouble is that I let her have it last year."

"The best thing for you to do is to put your policy about holidays down in black and white," I told him. "And not only about holidays, but about time off in general." Then I gave the doctor a list of rules covering the subject that many of my past clients have found workable. You may find it usable, too. It's reproduced elsewhere in these pages.

Give her the space and the tools she needs to do a good job.

Every once in a while, I meet a physician who shows me a neat floor plan of the new office he expects to rent, build, or buy. "I'd like your comments," he says. And my eyes go automatically to the area reserved for his aide's working space. Three times out of five, it's much less than she needs.

Remember, it's just as impor-



When blood pressure must come down

When you see such symptoms of hypertension as dizziness, headache, and fainting, your patient is a candidate for Serpasil-Apresoline. Often when single-drug therapy fails, Serpasil-Apresoline can bring blood pressure down to near-normal levels. In addition, it reduces rapid heart rate, allays anxiety.

SUPPLIED: Tablets #2 (standard-strength, scored), each containing 0.2 mg. Serpasil and 50 mg.

Apresoline hydrochloride; Tablets #1 (half-strength, scored), each containing 0.1 mg. Serpasil and 25 mg. Apresoline hydrochloride.

Rx New SER-AP-ES ** to simplify therapy of complicated hypertension

SER-AP-ES Tablets, each containing 1.0 mg.
Serpasil, 25 mg. Apresoline, 15 mg. Esidrix.
SERPASIL® (reserpine cisa) / APRESOLINE®
hydrochloride (hydralazine hydrochloride cisa) /
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SERPASIL-APRESOLINE

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tant for her to have proper quarters as it is for you to have an office and enough examining rooms of the right size. If you cram her into a corner of the reception room or into a pint-sized front hall, her work will suffer. So will yours.

When I recommend that you equip her with good tools, I'm thinking of her, not you. It's your own affair whether or not you want to use a dictating machine. But if you do decide to buy one, consult with her first. The kind you select could mean a lot to her. The same thing is true of typewriters. She's the one who suffers when the discontinued model you bought at a bargain price turns out to be a lemon.

The topflight aide you're trying to keep takes pride in her
work. It's merely common sense
to give her equipment that will
help her turn out work to be
proud of.

Remember that loyalty is a two-way street.

You expect your aide to stand up for you whenever the occasion warrants. And she has a right to expect the same loyalty in return.

Perhaps you sometimes linger over lunch. You do it knowing that your assistant will tell the waiting patients you're on an emergency case. You expect her to use common sense in "covering" for you in innumerable other ways.

But what happens when the imperious Mrs. Green sails into your waiting room and insists on being seen on the spot? Your aide has discreetly ascertained that no emergency's involved and has tried to give her an appointment for two days later. But you come into the front office just then. And the outraged Mrs. Green explodes: "Your secretary says I can't see you, Doctor!"

Do you reply, "Why, of course I can, Mrs. Green"? If you do, you're not giving your aide the loyalty she has earned. You can be polite to Mrs. Green. But you can back up your assistant, too.

One more thing. Patients sometimes charge that your aide has been brusque, even snappy, with them. Or they may make other complaints about her. When they

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Coumadin is the original and only warfarin sodium responsible for establishing this drug as "the best anticoagulant available today" (over 50 published papers since 1953)

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SUPPLIED: Oral – scored tablets, 2 mg., 5 mg., 7½ mg., 10 mg., 25 mg. Parenteral – single injection units, consisting of one vial, 75 mg., and one 3-cc. ampul Water for Injustion.

COUMADIN (warfarin) Sodium is manufactured under license from the Wisconsin Alumni Research Foundation...

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Over 60,000,000 doses of <u>Coumadin</u> administered to date

do, you can apologize for her action or oversight, of course. But be sure to speak to her about it. If you don't, you'll probably never hear her side of the story.

A doctor once remarked to me: "I think I'll have to do something about my secretary. You know—Miss Jones. She evidently insulted the patient who just left. Told him to get here on time for appointments, or he wouldn't be seen."

"Now wait a minute, Doctor," I broke in. "I was in your reception room when the incident

happened. Miss Jones told the patient you'd see him in a few minutes. And she said it very politely. But the patient kicked up a fuss. He kept insisting, 'My appointment was for 3 o'clock!'

"Then Miss Jones explained: 'I know. But you weren't here at 3 o'clock, and the doctor was free. So I took the other gentleman in. He'd been waiting quite some time.'

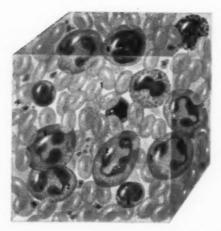
"You can take my word for it, Doctor. Miss Jones didn't say anything remotely resembling Continued on page 164

A logical prescription for overweight patients BAMADEX **BAMADEX***

meprobamate **plus** d-amphetamine... depresses appetite ... elevates mood... eases tensions of dieting... **without** overstimulation, insomnia or barbiturate hangover.

Dosage: One tablet one-half to one hour before each meal.





The standard by which the effectiveness of other iron therapy MUST be measured

MOL-IRON

a specially processed, co-precipitated complex of molybdenized iron offering all these important advantages:

 MORE hemoglobin with ● LESS medication in a ● SHORTER period of time ● GREATER patient tolerance. ● and . . . costs no more than ordinary iron preparations.

There is a MOL-IRON product for all of your patient needs, as listed on pp. 878 to 880 in your 1960 Physicians Desk Reference.



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RELA

RELA—SCHERING'S MYOGESIC* RELAXES MUSCLE TENSION, FOR MORE ADEPT MANAGEMENT OF BOTH SPASM AND ITS PAIN

Rela is most useful in the areas where narcotic analgesics are unwarranted and where salicylates are inadequate. Its muscle-relaxant properties are dependable yet significantly free of the limitations or problems often associated with other relaxants.

X MYOGESIC: MUSCLE RELAXANT



what the patient quoted to you."

So think twice before you let your aide down. The patient isn't always right.

6. Keep a sense of proportion.

Like a skin without blemish, an employe without a fault is practically impossible to find. So don't expect absolute perfection. Remember, you're not perfect either.

"So many doctors criticize a girl for the least little thing," says Miriam Bredow. "Once, a doctor jerked his thumb in his secretary's direction as we walked past her desk. 'Just look at that idiot,' he said. 'Drinking coffee at her desk!' It just happens that this particular girl was a crackajack aide. She'd missed her lunch to run some tests for him. She was hitting her typewriter on all cylinders as he spoke. But he disapproved of coffee at the desk. In the end, he nagged her into leaving him. He—not she—was the loser."

I know of a similar case. One of my own clients fired a good nurse because she didn't like to wear a cap in the office. Now he





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AN ETHICAL PRODUCT - PROMOTED ONLY TO THE PROFESSIONS

Completely painless: highly effective. Vergo acts without the inconvenience and discomfort to the patient which is associated with some other methods, and without scars, burns, blisters, or mess. Active ingredients: "Pancin" (specially prepared from calcium pantothenate, ascorbic acid and starch.

Samples and literature or request

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the battle won
in the
shipping department...
is often lost

in the stomach

Shipping clerk, age 23, complained of mid-epigastric night pain that was relieved by the ingestion of food. The patient also suffered from "indigestion," occasional nausea and vomiting, and a feeling of tension.

Once before, the patient had been placed on t.i.d. anticholinergic therapy for epigastric pain, but had failed to maintain the prescribed regimen. A g.i. series showed a duodenal ulcer.

A q12h 'Combid' Spansule capsule regimen plus antacid therapy was prescribed. He was put on a bland diet. One week later the patient reported that he was symptom-free. He has continued to take 'Combid' Spansule capsules prophylactically and has remained free from g.i. distress.



Smith Kline & French Laboratories, Philadelphia

MEDICAL ECONOMICS - JUNE 20, 1960 165

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has a mediocre girl crowned with a dinky scrap of starched linen.

Personally, I prefer the doctor who fired me rather than lose his secretary. He called me at home one night. "This is embarrassing as hell," said he. "But I think I'd better come clean with you. Mrs. Summers told me today she wanted to quit. As you know, she's a jewel. So I naturally asked her what the trouble was. Turns out she resents my hiring your firm for regular management service. Feels she's being watched. I've thought it over.

And, frankly, I've come to the conclusion that it's more important to keep Mrs. Summers than to keep your services."

I think my former client was right. But don't mistake me. I'm no defender of prima donnas in the doctor's office. I merely mean that if you look for trouble with your aide, you'll find it. And you'll soon be looking for a new assistant.

7. THINK.

I know that a big businessmachine company has staked out a claim to that word. But it's a



166 MEDICAL ECONOMICS · JUNE 20, 1960

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potentiated therapy for mild to moderate hypertension

Consider the benefits of Singoserp-Esidrix if it's mild to moderate hypertension (especially if edema is a complicating symptom). Singoserp, a man-made analog of reserpine, lowers blood

pressure but seems to cause fewer side effects than natural rauwolfia compounds. When Singoserp is potentiated by Esidrix, blood pressure is lowered more effectively than with single-drug therapy. SUPPLIED IN TWO STRENGTHS: Singoserp-Esidrix Tablets #2 (each containing 1 mg. Singoserp and 25 mg. Esidrix) and Singoserp-Esidrix Tablets #1 (each containing 0.5 mg. Singoserp and 25 mg. Esidrix). Complete information available on request.

Singoserp-Esidrix mation available on request.



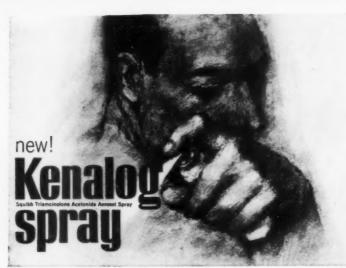
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superior topical corticosteroid

In convenient aerosol spray—for the treatment of dermatoses, particularly in out-of-reach problem areas—a fresh approach to therapy

- the superior anti-inflammatory effect of Kenalog Spray¹⁻⁷ provides anti-inflammatory, antiallergic, and antipruritic relief in acute, exudative, weeping lesions, even in extensive, out-of-reach problem areas.
- minimal local irritation and less chance of local contamination.
- metabolic studies show that electrolyte disturbance does not occur when Kenalog is applied topically.^{1,4,5}
- easy to apply, gives broad, even coverage, permits observation of lesions.

Indications: Atopic dermatitis, contact dermatitis, eczematous dermatitis, neurodermatitis, seborrheic dermatitis, insect bites, pruritus ani and vulvae, lichen simplex chronicus, exfoliative dermatitis, stasis dermatitis, nummular eczema, sunburn. Dosage: Apply the spray to the affected areas from a distance of 3 to 6 inches, t.i.d. or q.i.d. A 3-second spray (delivering approximately 0.1 mg. of triamcinolone acetonide) covers an area about the size of the hand. Cover the eyes when using Kenalog Spray on or near the face.

Supply: Kenalog Spray in 50 and 150 Gm. containers of 3.3 mg. and 10 mg. triamcinolone acetonide respectively. Also available as Kenalog Cream (0.1%), Kenalog Ointment (0.1%) and Kenalog Lotion (0.1%).

References: 1. Reports to the Squibb Institute for Medical Research. 2. Howell, C. M.: Squibb Clin. Res. Notes 1:5 (Oct.) 1958. 3. Goodman, J. J.; Squibb Clin. Res. Notes 1:1 (Oct.) 1958. 4. Smith, J. G., Jr.; Zawisza, R. J., and Blank, H.: Squibb Clin. Res. Notes 1:6 (Oct.) 1958. 5. Fitzpatrick, T. B.; Crowe, F. W., and Walker, S. A.; Squibb Clin. Res. Notes 1:1 (Oct.) 1958. 6. Lerner, A. B.: Squibb Clin. Res. Notes 1:2 (Oct.) 1958. 7. Robinson, R. C. V.: Bull. School of Med., U. Maryland 43:54 (July) 1958.

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good one for doctors to keep in mind when dealing with their aides. If you'll remember it, your aide won't say, as many have said to me: "He's pretty wonderful. But he just doesn't think."

What they usually mean is that the doctors don't treat them as human beings. Intent on their patients, harried by meetings, consultations, and phone calls, physicians sometimes forget that their assistants are women, not machines. And they're often tired women, too.

So open the door for your aide

now and then. Carry her packages to the parking lot when the occasion arises. Once in a while, tell the patient who's getting a shot in the lab: "You're lucky I'm not doing that. Mary does it much better than I could."

Be alert for signs of fatigue. When you spot them, react as a doctor rather than as an employer.

So there you have my prescription for keeping your aide happy. If she finds you a sensible employer and a thoughtful friend, she'll stay with you. END

Some men won't



The man who buys carefully, who looks at every detail, usually owns the finest. When you examine the new Birtcher 300-R, you will discover the accuracy and quality which mark this as the Electrocardiograph for the Physician who won't settle for less than the finest.

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Proven

in over five years of clinical use and more than 750 published clinical studies

Effective

for relief of anxiety and tension

Outstandingly Safe

- simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
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- does not produce ataxia, change in appetite or libido
- does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
- · does not impair mental efficiency or normal behavior

for the tense and nervous patient

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Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Generically and under the various brand names by which it is distributed, meprobamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

The reasons are not hard to find. Miltown is a known drug, evaluated in more than 750 published clinical reports. Its few side effects have been fully reported; there are no surprises in store for either the patient or the physician. It can be relied upon to calm anxiety and tension quickly and predictably.

Usual dosage: One or two 400 mg. tablets t.i.d. Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS*-400 mg. unmarked, coated tablets.

Miltown

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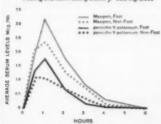


MAXIPEN.

MAXIMAL ASSORPTION Acid stable, extremely soluble. MAXIPEN is rapidly absorbed from the gastrointestinal tract.

MAXIMAL BLOOD LEVELS Substantially higher than potassium penicillin V (higher levels than with intramuscular procaine penicillin G). You get injection levels with a tablet.

COMPARATIVE ORAL SERUM LEVELS* Fasting and Non-Fasting States / 250 Mg, Dose



Based on 3294 individual serum antibiotic determinations.

Complete details on request.

MAXIMAL FLEXIBILITY May be administered without regard to meals. However, highest absorption is achieved when taken just before or between meals. MAXIMAL ORAL INDICATIONS Indicated in infections caused by streptococci, pneumococci, susceptible staphylococci, and gonococci, including:

pneumococcal pneumonia gonorrhea tonsillitis laryngitis otitis media streptococcal pharyngitis

impetigo susceptible staphylococcal abscesses (with indicated surgery) cellulitis lymphangitis pyoderma

Also prophylactically in secondary infections following tonsillectomy, dental extractions, other surgical procedures.

Dosage: For moderately severe conditions, 125 to 250 mg. three times daily. For more severe conditions, 500 mg. as often as every four hours around the clock.

Note: To date, MAXIPEN has not shown less allergic reactions than older oral penicillins. Usual precautions regarding administration should be observed.

Supplied: MAXIPEN TABLETS, scored, 125 mg. (200,000 units) bottles of 36; 250 mg. (400,000 units) bottles of 24 and 100. MAXIPEN FOR ORAL SOLUTION; reconstituted each 5 cc. contains 125 mg., in 60 cc. bottles.

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Science for the World's Well-Being 78





often treats the underlying cause of chronic fatigue

Depression becomes a prime suspect in chronic fatigue, once physical causes are ruled out. The patient who always wakes up tired, drags through the day and comes home too exhausted to enjoy his family, may need NIAMID. After NIAMID reduces the inertia of depression, many patients can work and play enthusiastically.

NIAMID's effect on depression appears to be achieved by restoring neurohormone balance. Its gradual, gentle action begins to renew a sense of well-being within a few days in some patients, and within two or three weeks in most other patients.

NIAMID is an exceptionally well tolerated antidepressant—more than 500,000 prescriptions in many clinical conditions—more than 90 published papers.

NIAMID is supplied as 25 and 100 mg. scored tablets. A Professional Information Booklet is available on request from the Medical Department, Pfizer Laboratories, Div., Chas. Pfizer & Co., Inc., Brooklyn 6, New York.



Science for the world's well-being TM

The Most Insurance for the Least Money

An expert tells about level-premium, decreasing term insurance. Is this cheaper, full-coverage life insurance the answer to your needs?

BY W. J. MATTESON

Perhaps you're a young doctor with a growing family. You want to know how to get the most insurance protection at the least cost.

Or maybe you have no kids. But you want to be sure your widow will have enough money to pay off the mortgage in case of your early death.

In either case, you ought to know about level-premium, decreasing term insurance. It can provide a lot of protection for relatively little money.

Take the case of Bill Johnson,

a young G.P. whose wife recently gave birth to twin boys. When Bill came to me, I told him he could get the protection he immediately needed—\$38,000 worth of insurance—for only \$165 a year.

I convinced him that he should buy level-premium, decreasing term insurance. It's the best buy for a man whose growing family requires maximum coverage when the children are young, decreasing coverage as they inch toward maturity. Because the

Continued on page 178

THE AUTHOR is director of the insurance division of the nonprofit American Institute for Economic Research, Great Barrington, Mass.

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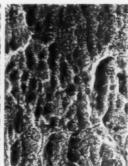
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Prescribe Orinase* to release native insulin



Before: Microphotograph showing insulin granules in beta cells of pancreas of normal dog.



During: Degranulation following administration of Orinase. Note complete release of native insulin.



After: Regeneration of granules following termination of Orinase dosage.

Adjust Orinase dosage to make available the amount of native insulin needed to the diabetic patient. This may be done freely because Orinase has virtually "ceiling" imposed on dosage by toxicity or untoward effects.

In a series of 187 diabetic patients successfully managed on Orinase (tolbus mide) during a period of 6 to 30 months, the reported distribution of daily down was as follows: 1 gram, 17%; 1.5 grams, 22%; 2 grams, 40%; 3 grams, 21%.

Similarly, in three years' clinical experience with a population of approximate 3,000 diabetics on Orinase, it has been observed that about one-third of the patien at any one time require and receive dosages of 2 to 3 grams a day for succession analysement.

To obtain optimum control, and avoid needless "secondary failures" - git sufficient Orinase to meet varying requirements from patient to patient or in a given patient from time to time.

1. Gorman, C. K., and Weaver, J. A.: Brit. M. J. 2:1214 (Dec. 5) 1959. 2. Case data, courtesy Henry Dolger, M.D.

*TRADEMARK, REG. U. S. PAT. OFF. - TOLBUTAMIDE, UPJOHN



THE UPJOHN COMPANY KALAMAZOO, MICHIGAN

14/58 Wt. 132, urine 0-0 0. B. S. 135. Rx 8 Gm. 28/58 Wt. 136½, urine 0-0 0, noon B. S. 93. Rx 2 Gm. 5/58 Wt. 138, urine 0-0 0. B. S. 112. Rx 1.5 Gm. 16/58 Wt. 137, urine 0-0 0. B. S. 93. Rx 1 Gm.	12/57 7/57 /2/57 /29/57	Mr. J. S., 54 yrs. old, diabetes mellitus 1½ yrs. F. H.—neg. for diabetes. P. H.—surg. 0, med. 0. Restaurant manager—M., 3 children living and wt. 155 lb. 1 yr. ago; now 125. P. L.—onset 1½ yrs. ago with thirst and polyuria; glycosuria found. On diet. In past year lost 30 lb. strict diet—all kinds of dietetic substitutes. Some asthenia. Afraid of insulin. No recent glycosuria or nocturia. P. Exam.—thin male. Fundi neg. ENT neg. BP li-Heart and lungs neg. Extremities: poor pulses. Urine—sugar 0, acetone 0. Noon blood sugar 240 Rx: more adequate diet and Orinase 3 Gm. Wt. 127, urine 0-0. B. S. 110, occ. nocturia but no glycosuria. Rx: eat more, Orinase 2 Gm. Wt. 129½, urine 0-0. B. S. 205. Rx 1.5 Gm. Wt. 148, urine 4+ 0-0, noon B. S. 160. Rx 2 Gm. Wt. 146, urine 0-0. noon B. S. 120. Rx 1 Gm. Wt. 144½, urine 0-0, noon B. S. 120. Rx 1 Gm. Wt. 144½, urine 0-0, noon B. S. 120. Rx 1 Gm. Wt. 140½, urine 0-0, noon B. S. 114. Rx 2 Gm. Wt. 136½, urine 0-0. B. S. 100. Rx 1 Gm. Wt. 136½, urine 0-0. B. S. 100. Rx 1 Gm. Wt. 136½, urine 0-0. B. S. 123. Rx 1 Gm. Wt. 136½, urine 0-0. B. S. 123. Rx 1 Gm.	, 10/80. O	crimase Door
/14/58 Wt. 130, urine 0-0-0, B. S. 135. Rx 3 Gm. /28/58 Wt. 136/2, urine 0-0-0, noon B. S. 93. Rx 2 Gm. /5/58 Wt. 133, urine 0-0-0, B. S. 112. Rx 1.5 Gm. /16/58 Wt. 137, urine 0-0-0, B. S. 93. Rx 1 Gm. /11/58 Wt. 138, urine 0-0-0, noon B. S. 132. Rx 0.5 Gm.	5/10/57 6/12/57 8/7/57 10/2/57 11/29/57 1/17/58	Wt. 138½, urine 0-0-0, noon B. S. 114. Rx 2 Gm. Wt. 136½, urine 0-0-0. B. S. 100. Rx 1 Gm. Wt. 136½, urine 0-0-0. B. S. 83. Rx 1 Gm. Wt. 136½, urine 0-0-0. B. S. 123. Rx 1 Gm.	0000000	00
	2/14/58 2/20/56 2/5/58 3/16/38	Wt. 132, urine 0-00. B. S. 135. Rx 3 Gm. Wt. 136½, urine 0-00, noon B. S. 93. Rx 2 Gm. Wt. 138, urine 0-00. B. S. 112. Rx 1.5 Gm. Wt. 137, urine 0-00. B. S. 93. Rx 1 Gm.	00000	000

THE MOST INSURANCE FOR THE LEAST MONEY

coverage lessens automatically and also because it's term insurance, with no cash surrender value—the premium is low.

(Even a childless couple can use decreasing term insurance effectively: It's an excellent way to make sure your widow will have exactly the amount needed to pay off a mortgage in case of your early death. You simply buy a contract that provides annually decreasing coverage matching the annually decreasing mortgage.)

Early in our talk, I asked Dr. Johnson a basic question: What was the minimum family income he felt his insurance ought to provide in case of his premature death?

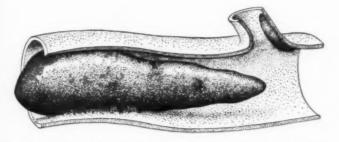
He said the ordinary life policies he already owned would more than cover his wife's needs. But, in addition, he wanted her to have at least \$100 a month per child until the twins were 20 years old. That's just a bit less than the maximum she'd get if Dr. John-Continued on page 184



"I guess this time he's really serious about retiring."

Announcing...a new agent for lysis of

VASCULAR THROMBI



THROMBOLYSIN, supplemented by anticoagulant therapy, can greatly reduce mortality and morbidity in thrombophlebitis, phlebothrombosis, pulmonary embolism, and certain arterial thrombi.* Recently formed clots are lysed rapidly, usually in 24 hours.

to lyse thrombi













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THROMBOLYSIN, HUMAN

early use greatly reduces morbidity and mortality in thrombophlebitis, phlebothrombosis, pulmonary embolism, and certain arterial thrombi

Results of therapy

Bed rest

Effect on intravascular thrombi



Clot may form permanent obstruction to blood flow. New clots may form.

Effect on pulmonary emboli



Sudden death from pulmonary embolism is an ever-present hazard. One or more nonfatal pulmonary emboli may result in irreversible lung damage or secondary pneumonia.

Effect on duration of illness and convalescence



Weeks of hospitalization or bed rest at home are commonly required in the management of thrombophlebitis, phlebothrombosis, pulmonary embolism, and arterial thrombosis.

Frequency and severity of postphlebitic syndrome



Chronic leg swelling, severe secondary varicose veins, and leg ulcers are common seguelae.













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Anticoagulant + Bed rest

THROMBOLYSIN + Anticoagulant + Bed rest



Anticoagulants
cannot remove
formed clot.
However, they help
prevent its extension
and minimize
formation of
new clots.



Recently formed intravascular clots are lysed and the formation of new clots is inhibited. Circulation is restored and maintained, with rapid symptomatic relief.



The careful use of anticoagulants reduces the occurrence of pulmonary emboli.



The incidence and severity of pulmonary emboli are greatly reduced since THROMBOLYSIN acts to remove thrombi before they can become emboli.



Thromboembolic illness and convalescence are shortened.



A striking reduction is observed in the duration of hospital stay, bed rest, and convalescence.



The incidence and severity of the postphlebitic syndrome are reduced.



Postphlebitic complications are prevented or greatly minimized.











What is THROMBOLYSIN?

Thrombolysin is Fibrinolysin, Human. It is prepared by activating the profibrinolysin-rich Fraction III—3 of pooled human plasma with highly-purified streptokinase and then lyophilizing it. Thrombolysin helps restore the natural equilibrium between clot formation and clot lysis, thereby enhancing the ability of the blood to maintain normal flow.

In What Conditions is it Indicated?

THROMBOLYSIN is indicated in thrombophlebitis, phlebothrombosis, pulmonary embolism, and certain arterial thrombi.

*(NOTE: Successful lysis of thrombi of major cerebral vessels has been reported. However, additional experience is required to define the indications and contraindications of therapy in such patients. THROMBOLYSIN has also been administered to patients with acute myocardial infarction, but the scope of this work is still too limited to permit conclusions about its safety or benefit.)

When Should Therapy be Initiated?

Treatment with Thrombolysin should be started as soon as possible after a thrombus has formed. Blood clots begin to organize shortly after formation and may become encased in a layer of endothelial cells, making them resistant to the action of Thrombolysin. Usually, more rapid lysis can be expected to take place when treatment is initiated within five days after a thrombus has formed; however, in some cases successful lysis has been accomplished when treatment was not initiated for several weeks after thrombus formation.

Can THROMBOLYSIN be Given to Patients Being Treated with Anticoagulants?

Yes. Patients who have been on anticoagulant therapy can be expected to improve when Thrombolysin is added to their program of treatment.

Does Thrombolysin Increase the Incidence of Embolism?

Clinical studies indicate that it does not. In fact, if any evidence of embolization should appear, it is important to continue THROMBOLYSIN until symptoms have disappeared.

What is the Dosage?

The dosage most frequently used by investigators has been 4 vials (200,000 MSD units) per day by intravenous infusion. This is usually administered by giving I vial per hour for 4 consecutive hours. Alternatively, 1 vial (50,000 MSD units) per hour may be given for 2 consecutive hours and repeated in 3 to 6 hours. The dosage range is 1 vial (50,000 MSD units) to 2 vials (100,000 MSD units) an hour, by intra-

Vascular thrombi can now be treated rapidly by a new agent THRO

For additional information, see package circular or write to Professional Services, Merck Sharp & Dohme, West Point, Pa.











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est Point, Pa

venous drip, for 1 to 6 hours, depending on the nature of the clot and the response of the patient. Most patients respond in one day; those who do not may require additional doses for three or four successive days.

Patients not under active treatment with anticoagulants at the time of the thromboembolic episode:

New clot formation is unlikely to occur during the administration of THROMBOLYSIN, so that anticoagulants may be unnecessary in this period. However, the fibrinolytic activity of THROMBOLYSIN persists only 3 to 4 hours after cessation of infusion; in patients subject to thrombosis, provision should be made to provide adequate therapeutic anticoagulant effect at this time.

Patients under active treatment with anticoagulants:

Within recommended dosages, Thrombolysin produces only minor alterations in the clotting mechanism: the prothrombin time is generally increased by only a few seconds, the Lee-White clotting time by only 1 to 4 minutes, and the fibrinogen levels generally decrease by about 30 percent of control values. In themselves, these alterations are probably of no clinical significance. In patients on concurrent anticoagulant therapy in whom the clotting mechanism is depressed to midtherapeutic levels, the small additional depression due to Thrombolysin should produce no added danger; however, the addition of Thrombolysin may be hazardous when the therapeutic anticoagulant level already threatens to exceed safe limits.

What Other Precautions are Necessary?

Thrombolysin is contraindicated in the presence of a hemorrhagic diathesis or hypofibrinogenemia. Fibrinolytic activity usually increases spontaneously for a short period after anesthesia or surgery. Therefore, Thrombolysin should be used with caution because lysis of the clots at the operative site may occur.

Bleeding from open wounds or recent operative sites can occur during therapy. Usually this has been observed only in patients receiving both an anti-coagulant and THROMBOLYSIN. In such cases, the bleeding was controlled by the use of plasma or whole blood transfusions. A specific antagonist to the anticoagulant may also be used.

What Side Effects May Occur?

Febrile reactions may occur, but these are rarely severe. When they do occur, the temperature usually rises rapidly to a peak, then returns to normal within 24 hours. In some patients, a rise in temperature above 1.5 to 2 degrees F. is accompanied by chills, nausea, vomiting, dizziness, headache, muscle pain, back pain, tachycardia, or hypotension.

How is it Supplied?

100-cc. vials containing 50,000 MSD units.

to lyse thrombi

MBOLYSIN, HUMAN











THE MOST INSURANCE FOR THE LEAST MONEY

son were covered by Social Security-which, as a physician in private practice, he isn't.

"Granted, \$200 a month isn't much," the doctor said. "But at least it would give my family the extra protection most nonmedical households get from Social Security."

I did some swift calculating. "To assure your wife a \$200-amonth income for twenty years if you were to die right now, you should own \$38,000 of life insurance beyond the policies you already have."

The doctor shook his head. "I couldn't afford it. Judging from what I'm paying for my present policies, that much extra coverage would cost me over \$1,000 a year."

"Not necessarily," I said. "It could cost you anywhere from a couple of thousand dollars to a couple of hundred, depending on the type of contract. That brings us to the second big question: What kind of insurance do you need?

"Keep in mind a basic principle that many breadwinners are in-

NAUSEA AND VOMITING?

Make your first thought EMETROL... because of all widely prescribed antiemetics only EMETROL acts. promptly and physiologically to control most cases of nonorganic vomiting...without the hazard of masking organic etiology or provoking side effects. Especially useful in the "g.i, virus" season...always a wise first choice for children and pregnant women.

Dosage: 1 or 2 teaspoonfuls for children, 1 or 2 tablespoonfuls for adults, repeated at 15-minute intervals as required. DO NOT DILUTE or permit fluids immediately before or after each dose.



Columbus, Indiana

clined to overlook when selecting a policy:

Life insurance to protect your family is a progressively decreasing need. Right now, you have to guarantee \$200 a month for twenty years of child-raising. But five years from now, you'll need to provide that much for only fifteen years. So the coverage you'll require then will be only \$30,000."

The ideal policy for him, I pointed out, would give \$38,000 of protection to start and less protection each year as the child-

ren grew older. "That way," I explained, "you'd never be overinsured."

"Then I guess we'd better forget these sample policies one insurance man sent me," said Dr. Johnson. "Their face value would remain constant—rather than decrease—over the years."

"There's another reason for not buying them," I remarked as I riffled through the stack. "I suspect the premium required for any of these would explode your budget. Just for the record, let's see how much it would cost you

A LOGICAL ADJUNCT TO THE WEIGHT-REDUCING REGIMEN

meprobamate **plus** d-amphetamine . . . reduces appetite . . . elevates mood . . . eases tensions of dieting . . . **without** overstimulation, insomnia or barbiturate hangover.

Dosage: One tablet one-half to one hour before each meal.

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THE MOST INSURANCE FOR THE LEAST MONEY

to carry \$38,000 of insurance via a few of these policies." I jotted down the following:

Policy 20-year endowment	Annual Premium \$1,690	
20-payment life	1,130	
Ordinary life	720	
20-year term	300	

"I'm not condemning these as bad policies," I said. "But none of them is designed to solve your immediate problem in the best and cheapest way. So let's talk, instead, about a type of coverage that would solve your problem —namely, a level-premium, decreasing term insurance."

Like any other term policy, this kind offers pure protection. Your beneficiaries get proceeds from it only if you die while it's in effect. It has no cash-surrender value. It has no loan value. And since it's decreasing term insurance, the face value of the policy will gradually shrink to nothing.

Coverage of this sort can be bought in two ways. First, you can take out a separate decreasing term policy that guarantees

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she calls it "nervous indigestion"

diagnosis: a wrought-up patient with a functional gastrointestinal disorder compounded by inadequate digestion. treatment: reassurance first, then medication to relieve the gastric symptoms, calm the emotions, and enhance the digestive process. prescription: new Donnazyme—providing the multiple actions of widely accepted Donnatal® and Entozyme®—two tablets t.i.d., or as necessary.

Each Donnazyme tablet contains

—In the gastric-soluble outer layer: Hyoscyamine sulfate, 0.0518 mg.; Atropine sulfate, 0.0097 mg.; Hyoscine hydrobromide, 0.0033 mg.; Phenobarbital (½ gr.), 8.1 mg.; and Pepsin, N. F., 150 mg. In the enteric-coated core: Pancreatin, N. F., 300 mg., and Bile salts, 150 mg.

antispasmodic . sedative . digestant

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A. H. ROBINS COMPANY, INCORPORATED . RICHMOND 20, VIRGINIA

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THE MOST INSURANCE FOR THE LEAST MONEY

income to your beneficiaries from the time you die until a set date. Such contracts run for any period from five to fifty years. They're usually referred to as "guaranteed income," "insured income," or "income protection" policies.

There's a second way to buy such coverage if you already own some permanent life insurance (such as ordinary life). You may then be able to get decreasing term coverage simply by having the basic contract extended.

Among the policies Dr. Johnson already owned were two \$5,-000 ordinary life contracts. "Have the insurance company add a twenty-year family income rider to each," I advised. "Between them, the riders will guarantee a total of \$200 a month to your widow. So if you die within

the next twenty years, the company will pay her \$200 a month until 1980. In that year the monthly payments will stop, and the face amount of the basic ordinary life contracts (totaling \$10,000) will become payable. If you die after 1980, your widow will get the \$10,000 only."

"How much would those family income riders cost me?" the doctor asked?

"At your age—35—probably a total of \$165 a year, less dividends. At current dividend rates, the average cost over a twenty-year period might be as low as \$100 a year."

Dr. Johnson got to his feet.
"That's for me," he said. "I'll
call my agent this afternoon and
have him put the riders into effect. Thanks!"

END

Where else?

With baby foods so readily available in cans, some of today's mothers not only forget how to cook, but also, apparently, forget how to think. I advised one mother that her child could now eat scrambled eggs. And—believe it or not—she asked: "Can you get them in cans?"—M.D., PENNSYLVANIA

IN YOUR FIRST INSTRUCTIONS

SPECIFY VI-SOL DROPS to help compensate for baby's fluctuating food intake

By specifying Vi-Sol drops from the start, you help make sure each infant gets all the vitamins he needs each day.

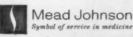
Manufactured to professional standards.

TRI-VI-SOL* DROPS
3 basic vitamins

POLY-VI-SOL® DROPS 6 essential vitamins DECA-VI-SOL® DROPS 10 significant vitamins

*0.6 cc. daily





Changing Locations? It Cost ME \$15,000

Looking around for a better place to practice? Then listen to this physician's story. His experience may help you avoid the kind of 'moving bill' that set him back on his heels

By Dennis M. Cornett, M.D.

T wo years ago, after more than a decade of general practice in a small Georgia town, I made what I considered a smart move: I jumped at the chance to associate with a surgeon in an adjoining state. At the time, it seemed the sensible thing to do. He was a well-known figure. And his city was a fair-sized one—almost ten times larger than the town in which I lived.

Just ten days after I'd made

my decision, I found myself with a new practice in a new city and a new state. And then I discovered I'd made a mistake! Eleven months later, I had to move all over again.

Recently, I totted up what my spur-of-the-moment change of location cost me. The figure I arrived at came as a shock. According to my calculations, I lost—at the very least—\$15,000!

Continued on page 194

THIS ARTICLE has won one of the 1960 MEDICAL ECONOMICS Awards for its author, a general practitioner and industrial surgeon in Chattanooga, Tenn.

Bendectin at bedtime

no nausea a breakfast

Bendectin stops morning sickness 2-4 hours before it starts
The special coating on Bendectin preserves the effective core for from 4 to 6
hours after ingestion. Medication is released when needed most. Records show—
just 2 timed-release Bendectin tablets h.s. relieved morning nausea and vomiting
in more than 96% of 1139 patients. ¹⁻⁴ Because of its unique formula, Bendectin

has the actions needed to prevent morning sickness — antispasmodic/ antinauseant/plus pyridoxine supplementation.

Beferences: 1. Nulsen, R. O.: Ohio State M. J. 53:665, 1937. 2. Personal communications: 1956-57. 3. Towne, J. E.: Internat. Rec. of Med. 271:584, 1938. 4, Geiger, C. J., et al.: Obst. & Gynec. 5:685, 1939. 11 12 V

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for your convenient reference

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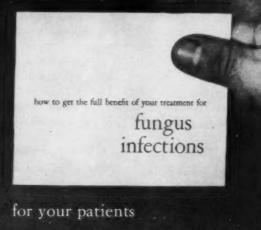
No. 670 — Tablets of 250 mg. (scored), bottles of 30 and 100.

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How to Get the Full Benefit of Your Treatment for Fungus Infections stresses to your patient the importance of continued cooperation in following your directions—including adjunctive hygienic measures—to help assure maximum response. Describes in simple terms the nature of superficial mycotic infections.

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CHANGING LOCATIONS COST ME \$15,000

How could any doctor in his right mind make so expensive a mistake? That's a question I still keep asking myself. But I know the answer, of course. Experience taught it to me. And I paid for that experience out of my own pocket.

Perhaps you'll find it worth while to listen to my story. Doing so may help you avoid a similar disaster.

His First Practice

In 1946, I began general practice in my Georgia home town (pop. 5,000). The nearest large hospital was in another state, thirty miles away. So after two years of practice, I built a combination office and ten-bed clinichospital like those maintained by two other doctors in town.

At first, things went well. I did surgery and obstetrics in addition to my general practice. And I won Blue Cross-Blue Shield approval for the hospital. But somehow I could never bring myself to fill my beds with patients who were only mildly ill, just to keep the money flowing in. So the hospital was a drain on my income.

In 1954, when a Hill-Burton hospital opened nearby, I gave up that part of my practice. I still had plenty to do, and I enjoyed a net income of more than \$12,000 a year. But I now felt frustrated and restless. So I began to think of greener pastures.

My main interests had always been industrial surgery and the surgery of general practice. I began to wonder: Why not associate with a surgeon, so that I might do exactly what I most wanted to do? That idea appealed to me so much that, on an impulse, I registered with a placement bureau.

A Great Opportunity?

Within a few weeks, I was mulling over scores of offers and opportunities. It didn't take long for one of them to catch my eager eye. As the result of a coronary, a surgeon in an adjoining state needed help immediately. He was located in a city of 40,-000 about 300 miles away. That week-end, my wife and I made the trip to see him.

A man about ten years older than myself, he was chief of surgery at the city's largest general



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NO CAUTION LABEL NEEDED—Use it with any injectable medication... there is no danger of solvent action on the barrel. SAFE—B-D Control guarantees sterility, nontoxicity, non-pyrogenicity. ECONOMICAL—Disposability eliminates time-consuming, pre-use preparation. PRECISE—Exclusive tip design reduces medication loss.



DECTON, DICKINSON AND COMPANY - RUTHERFORD, NEW JERSEY



CHANGING LOCATIONS COST ME \$15,000

hospital. Still recuperating from his coronary, he wanted assistance immediately. Was I interested?

I was—very much so. With little more than a glance either forward or backward, I leaped at his offer: to work on salary for a year and then be taken into partnership.

Later I found that he'd spent hours thoroughly investigating me by telephone. Yet I feared to upset him and possibly hamper his recovery. So I asked him very few questions.

What He Didn't Ask

I didn't inquire about his income, or how long it had taken him to build it up. I didn't ask whether other new doctors in the community had found it difficult to establish themselves. And because of the rush involved, I didn't even bother to investigate conditions in the city itself, to see what kind of potential it held for me.

Instead, I promised to make the move in the next ten days. And, somehow or other, I managed to do so. The last nine days in my home town were hectic. During the daytime hours I saw as many of my patients as possible. I gave final check-ups. I made arrangements for my pregnant patients and others whose history warranted a personal talk with another doctor. In the evenings, my wife and I were busy attending hastily organized farewell parties.

A New Start

On the tenth day I set out alone to blaze trail. I was leaving behind a new home, a clinic, thousands of dollars in equipment. My wife was to follow later. Meanwhile, she'd somehow have to tie up the loose ends of my practice. When she'd done so, she'd bring along our three children, dog, parakeet, and the thriving bed of worms that was just beginning to pay off for my 8-year-old son.

It was a wrench. But I had few real regrets as I drove to my new practice in a car loaded down with equipment. My mind was filled with visions of city office hours, no night calls, vacations

DERONIL Schering



in allergic skin disorders

steroid performance that measures up to critical clinical standards and patient needs



CHANGING LOCATIONS COST ME \$15,000

without loss of income, and time off for post-graduate study.

A room in a private home awaited me. The house was owned by two elderly unmarried ladies with a dog that took a dim view of any male. It became so disturbed at my arrival that its Equanil dose had to be increased. And its appetite remained poor until I moved out.

Preliminary Problems

That was only the start of the fun. Next came the chore of obtaining a new state license. It cost me \$100, and the examining board required a personal appearance. I drove 100 miles to the state capital, met with the board for five minutes, received my license, and went back to hold afternoon office hours.

Moving to another state meant another physical examination for my disability insurance, too. The exam disclosed an abnormal ECG. Result: My disability insurance was permanently canceled.

Before moving, I'd forwarded a check to my new county medical society for a full year's dues. This included what I'd already paid the A.M.A. in my old state. It took me six months to get a refund.

A New Stumbling-Block

Soon after my arrival, I discovered that the hospital in the new city was reorganizing its staff. Its officials were wrangling with the county politicians who controlled hospital policies under state law. Thus, it may simply have been an unpropitious time to apply for a place on the staff. In any case, when my application was read at a hospital board meeting, its members expressed open hostility. Before the secretary had finished, there were interruptions that questioned my ability, my training, and just about all my other qualifications.

With my partner-to-be's help, however, I was finally admitted. Then I found that the hospital required staff doctors to code their own charts. So I was forced to take a short course in the duties of a medical-records librarian.

About this time, I got a bill Continued on page 202

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for your patients who meet most of their frustrations with food

PHANTOS and PHANTOS-10

fit the needs of these "should, but can't" reducers

PHANTOS (full strength) and PHANTOS-10 (two-thirds strength for those who can be managed on lower dosage) effectively counteract the underlying causes of overeating which make the patient "who just can't stay on a diet" so difficult and discouraging to treat.

PHANTOS and PHANTOS-10 provide: mood elevation to help allay the stress and depression which weaken will power, plus day-long appetite suppression a helpful metabolic boost convenient once-a-day dosage alleviation of morning constipation and evening excitation.

Each PHANTOS or PHANTOS-10 capsule provides these three separately

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INTERMEDIATE RELEASE	X	Amphetamine sulfate
FINAL		Amphetamine sulfate 5 mg 3.33 mg. Thyroid ½ gr. ½ gr. Phenobarbital* ¼ gr. ½ gr. (Warning: May Be Habit-Forming)

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Lifts depression.



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Smooth, balanced action lifts depression as it calms anxiety... rapidly and safely

Balances the mood - no "seesaw" effect of amphetamine-barbiturates and energizers.

While amphetamines and energizers may stimulate the patient they often aggravate anxiety and tension.

And although amphetamine-barbiturate combinations may counteract excessive stimulation - they often deepen depression.

In contrast to such "seesaw" effects, Deprol's smooth, balanced action lifts depression as it calms anxiety - both at the same time.

Acts swiftly - the patient often feels better, sleeps better, within a few days.

Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly - often within a few days. Thus, the expense to the patient of long-term drug therapy can be avoided.

Acts safely - no danger of liver damage.

Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function - frequently reported with other antidepressant drugs.

'Deprol'

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg, meprobamate. Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

WALLACE LABORATORIES / New Brunswick, N. J.

CHANGING LOCATIONS COST ME \$15,000

from the placement agency that had brought me and my new practice together. It called for 5 per cent of my first year's earnings. The fact that I couldn't possibly know what my income would be seemed immaterial. I finally arranged to pay the agency on a monthly basis. But it took me a lot of time and a lot of trouble.

Meanwhile, back at the old homestead, my wife was valiantly going about the job of closing out my affairs. The house, the clinic, and my equipment had to be sold. A try had to be made at collecting delinquent accounts. Our own bills had to be settled. And there were always the children to be taken care of, as usual. Today, my wife says those few months showed her the only way to lose twenty pounds in three months without dieting.

Finally, three months after I'd moved to the new city, my family joined me. Looking back, it seems fitting that they arrived in a rainstorm. And that the transfer company presented me with a bill for \$450.

The only suitable house I'd

been able to find was much too small for our needs, but we had to make do. There were the usual difficulties that accompany any move. The older children had to be enrolled in school in mid-term. We couldn't get any domestic help.

The Practice Situation

But all these things were trivial indeed compared with my practice troubles. The salary arrangement had proved satisfactory, at least as a temporary expedient. I'd gotten along reasonably well with my ailing associate, too. But it had become increasingly apparent that the chances for my doing surgery were limited.

There was a surplus of doctors in town: one for each 450 people. And each surgeon seemed to do just about everything. As a result, referrals were almost non-existent.

To cap it all, I discovered that the practice I'd entered was by no means as successful as I'd supposed. The older doctor had hardly enough patients to keep

Continued on page 206

relieves the persistent pain of arthritis



DARVON® COMPOUND

(dextro propoxyphene and acetylsalicylic acid compound, Lilly)

Darvon Compound combines the analgesic action of Darvon® with the anti-inflammatory and antipyretic benefits of A.S.A.® Compound. When inflammation is present, Darvon Compound reduces discomfort to a greater extent than does either analgesic given alone.

Usual dosage: 1 or 2 Pulvules® three or four times daily. Also available: Darvon, in Pulvules of 32 and 65 mg.

Darvon® (dextro propoxyphene hydrochloride, Lilly)

A.S.A.® Compound (acetylsalicylic acid and acetophenetidin compound, Lilly)

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

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Each tablet contains:

DOSAGE: 1 tablet 1 or 2 times daily, 5-10 days before the period.

THE UPJOHN COMPANY / KALAMAZOO, MICHIGAN

CYTRAN GETS AT THE CAUSE OF

to restore hormonal balance..

corrective therapy Because Cytran contains to new progestin, Provera, to you can now reach the conof premenstrual tension—hormonal imbalance. Estroge progesterone ratio is adjusted to more normal preme strual balance. Thus even abdominal discomfort, shak ness, fatigue—symptoms incompletely controlled to mere symptomatic treatments—are effectively relieve



symptomatic therapy An effective diurei (Cardrase†) and a mild tranquilizer (Levanil†) affor symptomatic relief while Provera works to effect a retoration of hormonal balance. They also supplement the activity of Provera in those rare cases where restorated the formone balance does not completely eliminate edem and anxiety/tension.



Upjohn

SE OF PREMENSTRUAL TENSION



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CHANGING LOCATIONS COST ME \$15,000

him busy, let alone me. What's more, the recession of 1957-58 cut the size of our practice even further.

I managed to make a living of sorts with general practice. But my income was disappointing, to say the least. At the end of eleven months, my present and future in the city could be summed up in two short words: no go.

Another New Start

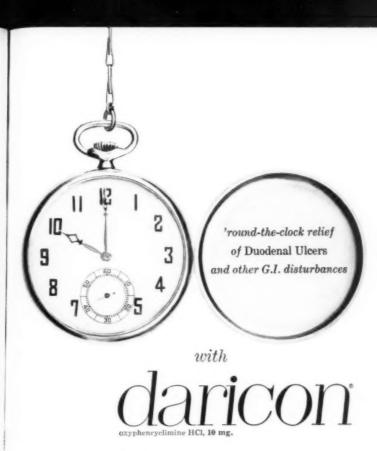
By a stroke of good luck, another opportunity presented itself: association with a good friend who practiced general and industrial surgery in Chattanooga, Tenn. So eleven months after my original move, migration No. 2 was under way. I'd learned something from experience. By jettisoning a lot of junk, I reduced our second moving bill to a mere \$350. But that was more than offset by new dues and a new license to be bought in a third state.

None the less, things are now going fine. My family has settled down happily. I'm busy doing the kind of work I want to do, with an excellent partner. But it's going to take me a long time to get over the financial losses I suffered in my leap-before-Ilooked move. A rough accounting might be in order:

Loss on sale of clinic	
and equipment \$4	,000
Eleven months' differ-	
ence of income 4	,000
Loss on sale of house 3	,000
Loss on collection of	
accounts 2	,000
Moving expenses 1	
Placement-agency fees,	
dues, licenses, etc 1	,000

That's an unexaggerated accounting of what the wrong move cost one doctor—me. It doesn't take into account such intangible losses as the time spent in *not* building up a practice, in *not* establishing permanent roots, and so on. These things might work out to even more than the \$15,000 I can account for.

Mind you, there's nothing wrong with a move—if it's the right one. How can you make sure it's right? It's not easy for me to give you this simple rule of thumb, but it's honest: Everything I did—don't!



b.i.d.

"Good symptomatic responses were seen in 91 of 96 [patients] treated for periods up to one year with average doses of 10 mg. twice daily."

"[Daricon] appears to be a valuable agent... for day-to-day maintenance of all peptic ulcer patients."

Winkelstein, A.: Am. J. Gastroenterol. 32:66-70 (July) 1959.

Additional information is available on request from the Medical Department, Pfizer Laboratories, Brooklyn 6, New York.

Pfizer Science for the world's well-being TH

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new Delenar

for the first time... total corticoid-relaxantanalgesic therapy

Now you can resolve musculoskeletal inflammation rapidly with the newest steroid ... relax the attendant spasm with a proved muscle relaxant ... and relieve the pain with a safe, inherently buffered analgesic ... to keep the rheumatic man in motion • With new Delenar you can resolve a broad range of rheumatic complaints. You can maintain the man in motion safely with the lower steroid dosage of Delenar, in rheumatoid arthritis—traumatic arthritis—low-back complaints—fibrositis—chronic fibromyositis—rheumatoid spondylitis—tendinitis—and early osteoarthritis.

formula

Dexamethasone* 0.15 mg.

Orphenadrine HCI 15 mg.

Aluminum Aspirin 375 mg.

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therapeutic actions

Newest Steroid for Antiinflammatory Action

Proved Muscle Relaxant, Helps Restore Motion

Fast Analgesic Relief of Motion-Stopping Pain

*DERONIL T

Dosage: Two tablets q.i.d.: after improvement is obtained, gradually reduce dosage, and discontinue where possible. Packaging: Delenar Tablets, bottles of 100 and 1,000. Precautions and Contraindications: Because Delenar Tablets contain dexamethasone, the precautions observed with this corticoid apply to their use.

SCHERING CORPORATION · BLOOMFIELD, NEW JERSEY

Schering,

H-210

hospitalized patient with congestive heart failure



5 pounds lost in 4 days; 4+ pitting cleared; hepatic congestion and râles cleared; patient ambulatory



office patient treated for pedal edema and persistently high diastolic pressure



blood pressure reduced from 214/110 to 180/94 mm. Hg within 7 days with Esidrix (and Singoserp): pitting edema cleared



private patient with congestive heart failure; ascites and 4+ edema to the knee



12½ pounds lost in 13 days; basilar râles and ascites no longer present; pitting edema of legs and feet cleared



hospitalized patient with Laennec's cirrhosis



27 pounds lost in 19 days; abdominal swelling and pedal edema cleared



Photos used with permission of the patients

♦ here is how patient after patient with edema and hypertension responds to

ESIDRIX

(hydrochlorothiazide CIBA)

- Esidrix, an improved analog of chlorothiazide, produces high fluid yields and low blood pressure levels
- Esidrix relieves edema in certain patients refractory to other diuretics*
- Esidrix markedly increases sodium and chloride excretion, but its effect on potassium excretion is minimal
- Esidrix is exceptionally well tolerated

*Brest, A. N., and Likoff, W.: Am. J. Cardiol. 3:144 (Feb.) 1959.

Complete information available on request.

Supplied: Tablets, 25 mg. (pink, scored) and 50 mg. (yellow, scored).

SINGOSERP® (syrosingopine CIBA)

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DIAPHRAGMS!

NINE REASONS WHY MORE AND MORE PHYSICIANS ARE USING THE CONTOURING



- 1. Reduces your fitting instruction time.
- 2. Patient ease of insertion-automatic placement.
- 3. Develops patients' confidence. Easy to use.
- 4. Folds behind pubic bone with suction-like action, forming an effective barrier.
- 5. Seals off cervical area.
- 6. Locks in spermicidal lubricant-delivers it directly under and next to the os uteri.
- 7. Keeps its place-doesn't shift.
- Simple to remove.
 Aesthetically acceptable. Is most comfortable. KORO-FLEX (contouring) Diaphragms may be used where ordinary coil-spring diaphragms are indicated and for Flat rim (Mensinga)-type as well.

Recommend: KORO-FLEX Compact, the ONLY compact that provides the arcing diaphragm (60-95 mm), jelly and Koromex cream (trial size). More salisfied patients result from trying both and then selecting the one best suited to physiological requirements. Elimi-nates guessing. Supplied in feminine clutchstyle bag with zipper closure.

Available in all prescription pharmacies. Write for descriptive literature. Always insist on the use of time-tested Koromex Jelly or Cream with diaphragm.



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Manufacturers of Koromex Products

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I Consulted With an African Witch Doctor

This orthopedist made a discovery when he chatted with a 'bone setter from another tribe': Medicine's the same (well, nearly the same) the world over

BY HAROLD B. BOYD, M.D.

Not so long ago, my wife and I took our three young daughters on safari in Africa. We traveled nearly 11,000 miles in our own car. So we came home to Memphis, Tenn., with plenty of strange experiences impressed on our minds—but none stranger than my meeting during a stop-over in Kenya with an African "bone setter" (as he called himself, scorning the term "witch doctor").

We were staying in a mission hospital on the shores of Lake Victoria. It was a beautiful spot but hardly a resort, because crocodiles and the possibility of schistosomal infection prevented swimming. One night, the hospital's chief of staff remarked that he understood I was an orthopedic surgeon.

"Yes, I'm a bone setter," I replied facetiously.

"Well!" said he. "We have a local bone setter. He's a member of the Kisi tribe. When our cook's young son broke his clavicle recently, the cook told me he'd

TO PREVENT DANGEROUS SELF-MEDICATION BY "COLON-CONSCIOUS" PATIENTS

Experience shows that bowel-conscious patients will try almost anything in their search for relief from constipation. Why not protect them from potentially harmful agents? Satisfy their expectations safely by prescribing or recommending Zilatone Tablets—a rational formulation of bile salts, mild laxatives and digestants—gentle enough even for the gravid or cardiac patient.

A random survey* of 722 Zilatone users indicated that 99 percent would take Zilatone again whenever they feel the need of a laxative. Yet over 70 percent of the respondents previously had used a total of at least 40 other products.

When a laxative is needed, Zilatone will satisfy the demanding criteria of thorough effectiveness and safety.

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Supplied: In boxes of 20, 40, and 80 tablets in all drug stores.

For professional samples, write: DREW PHARMACAL CO., INC. 1450 Broadway, New York 18 *Details on request

214 MEDICAL ECONOMICS · JUNE 20, 1960

rather take the boy to the bone setter than to our hospital."

The physician went on to say he hadn't objected, since he firmly believed in the right of a patient to choose his own physician. My curiosity was aroused. So the next morning I persuaded my host to take me to see the medicine man his cook had preferred.

After a short walk through the bush, we came on the bone setter: a tall, gaunt, white-haired man with failing vision. He used a forked stick as a combination cane and symbol of his profession, so that the effect was vaguely reminiscent of a statue of Aesculapius with his staff that I'd seen in Rome.

The African didn't have a snake wrapped around his stick, though. And he wore a third-hand European overcoat and sun helmet. He'd not yet become converted to shoes, however.

The man's great age was manifest in his failing vision and wrinkled face. He said he was 100. My hospital doctor-friend told me that this might well be true.

Through an interpreter, I introduced myself. I explained to

A WITCH DOCTOR

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the old man that I was a bone setter in my own tribe and that I understood he was the leading bone setter in his. I told him I'd appreciate exchanging ideas with him. The bone setter seemed agreeable and even pleased.

First off, I asked him whether he did other work. He apparently took umbrage at my question, for he snapped back that he was no ordinary witch doctor. He limited his practice to bone setting. What's more, he was the only "qualified" bone setter in the area. Quickly, I assured him that I was also a bona fide specialist and had been certified by the American Board of Orthopaedic Surgery. (At least, that's what I said; I have no idea how the interpreter got the board concept across.)

"Where did you learn this art?" I then inquired.

"My grandfather was a bone setter, but my father was not," he declared. "I received my instructions from God."

Then I asked: "How do you treat fractures of the femur?"

He replied by going into considerable detail. First he described how he manipulated the



ACUTE

CYSTITIS

Responds Rapidly to Antiseptic, Soothing

URISED.

SIMPLE. ACUTE or isolated urinary tract infections readily yield to antibacterial-spasmolytic Urised. Acute cystitis or urethritis symptoms vanish within three days... urine clears within five to ten days.

No side effects were reported in recent evaluations of URISED in over 200 cases. On the contrary, URISED is soothing, re-

laxing to the urinary visceral muscles. URISED controls pain while normalizing urination and producing antisepsis. Each URISED tablet contains: atropine sulfate 1/2000 gr.; pyoscyamine 1/2000 gr.; gelsemium, methenamine, methylene blue, benzoic acid, aslol.

For starter prescription supplies for many patients just send this coupon.

Chicago Ph. 5547 N. Raver Chicago 40, I		ME-
	Re: Starter Rx	Supply
Dr		
Address		

I CONSULTED WITH A WITCH DOCTOR

shaft of the femur. Then he listed the types of splints and bandages that were needed. He told me when the splints should be removed and the patient allowed to begin partial weight-bearing. He suggested that a forked stick like his own be used for support.

At the end of this discussion I asked, "What's the average shortening of the leg following this method of treatment?"

The man's answer struck me as typical of what one orthopedic surgeon might have replied to another he'd met for the first time. The answer was "None!"

"How many fractures do you treat?" I asked.

"One to three cases a month," he said.

"And how do you treat supracondylar fractures of the humerus?"

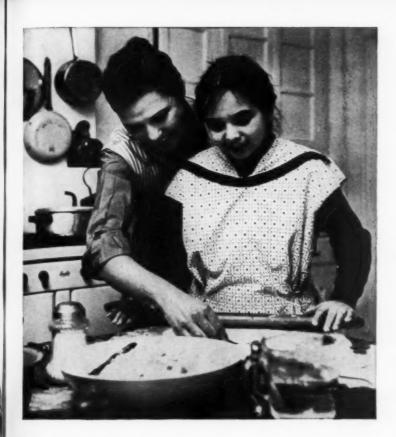
When the interpreter got this across to him, he indicated by pantomime that he immobilized them in Jones' position. I interjected that I used the same type of manipulation and the same position for immobilization. Quick as a wink, the old man

These <u>belong</u> in your skilled hands

At first touch you'll know
these instruments have unusual
quality. Brilliant, clear,
shadow-free illumination such as
only B&L optics can provide. May
Ophthalmoscope and Arc-Vue Otoscope
in trim, lifetime pocket case.







Past tense

For the first time in months, this mom really feels like joining in the family fun. In the past, she had been far too tense either to devote a casual hour to usual mother-daughter diversions or to answer the host of questions invariably posed by an inquisitive youngster.

She actually enjoys helping to "co-bake" an apple pie, because she "feels good" and is genuinely interested. The reason: Levanil does not isolate or insulate, as many tranquilizers do. for equanimity without somnolence

brand of ectylurea, Upjohn

The Upjohn Company Upjohn Kalamazoo, Michigan

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I CONSULTED WITH A WITCH DOCTOR

flashed back through our interpreter: "Naturally! It's the only proper method!"

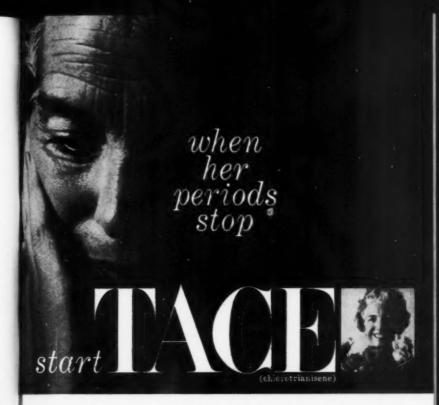
He then volunteered the information that he was able to reduce a dislocated shoulder—something that the "unqualified" bone setters in the surrounding tribes were apparently unable to do. His method consisted of plac-



TWO SPECIALISTS from different worlds meet in far-off Kenya. The African bone setter's forked stick is his equivalent of the caduceus, says Orthopedic Surgeon Harold B. Boyd of Memphis, Tenn.

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NEW ESTROGEN APPROACH TO THE POSTMENOPAUSE

Menopausal symptoms are often intensified following the sharp drop in available endogenous estrogen during the early postmenopause.

At that time—when periods stop but symptoms continue—TACE is most valuable. It usually means a symptom-free adjustment to the postmenopausal state. How? TACE stores in body fat, releases slowly, evenly, in the same manner as a natural hormonal secretion. A normal course of TACE therapy is 30 or 60 days. But even after therapy stops, estrogenic activity continues, gradually tapers off, finally is exhausted in about 2 months.

Thus, sudden endometrial change doesn't occur, withdrawal bleeding is rare. Artificial stimulation and "estrogen dependence" are avoided. Complicated dosage adjustment is unnecessary. Finally, there are no "peak-and-valley" estrogenic effects.

You can observe this unique effect in your patients. Simply prescribe two TACE 12 mg. capsules daily for 30 days. A severe case may require an additional 30-day course.

TRADEMARKI TACE

THE WM. S. MERRELL COMPANY

New York . Cincinnati . St. Thomas, Ontario

10-

Convenient and Effective ANTACID



For Patients Away From Home

BiSoDoL Mints afford patients who work or are away from home—easily accessible yet prompt and effective relief from gastric hyperacidity. BiSoDoL Mints soothe irritated mucosa and exert prolonged diminution of gastric acidity without side effects. No risk of constipation, acid rebound or alkalosis. BiSoDoL Mints help restore the normal pH in the stomach. A most convenient, non-systemic antacid. Free from sodium ion.

COMPOSITION:

Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.



WHITEHALL LABORATORIES, NEW YORK, N. Y.
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WITCH DOCTOR

ing one hand in the axilla and exerting traction on the flexed elbow while exerting outward pressure on the head of the humerus. I was soon convinced that the old man probably *could* reduce an anterior dislocation of the shoulder.

But before he was through with his explanation, he suddenly stopped short. If I was going to accept all this instruction from him, I ought to pay him, he announced. I replied that in our tribe we exchanged ideas and taught each other free. We considered it unethical to do otherwise. Didn't he have the same standards? Oh, he did some free teaching, he admitted—but only for his son. He pointed to a man of 40 or so who was standing nearby.

I asked if we might have a picture taken together. He considered my request a moment and then said he'd permit it if I paid him. I replied that I'd pay him for the picture, but not for the instruction. So we posed for photographs. Then I gave the bone setter three shillings, and we parted friends.

Continued on page 224



painful breast engorgement prevented

CACE

(chlorotrianisene)

Treatment of choice to suppress lactation. Clinicians have named TACE "... the most satisfactory drug for use at delivery in the suppression of lactation."

Re-engorgement almost never occurs. In over 3,000 patients studied,^{1,3} only 3 cases of refilling were reported.

Withdrawal bleeding rare, 1-3 because TACE, stored in body fat, is released gradually, even after therapy is discontinued.

Available . . . 12 mg. and 25 mg. capsules

prevent hemorrhage due to uterine atony TACE with Ergonovine

1. Bennett, E. T. and McCann, E.C.: J. Maine M. A. 45:225. 2. Eichner, E., et al.: Am. J. Obst. & Gynec, 6:511. 3. Nulsen, R. O., et al.: Am. J. Obst. & Gynec. 65:1048.



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the pleasure of a little real salt

(little pleasures can become big ones in edema and hypertension)

An egg without salt? A small privation, perhaps—but typical of the many "small privations" the edema or heart patient can face every day.

This is where a good diuretic like Oretic can help out. Potent enough to treat the more serious aspects of edema, and valuable in management of mild to moderate hypertension, Oretic produces a marked elimination of water and sodium.

And the saluretic effect is what may also let you liberalize meal-planning by loosening up a little on sodium restrictions.

Not in every patient, of course. But in enough cases to make it worth trying. If a rigid low-sodium diet isn't absolutely necessary, one thing is sure: your patient will thank you for putting the small but real pleasure of real salt back in his regime.

ORETIC°

(Hydrochlorothiazide, Abbott)

a potent means when the end is saluresis. Tablets, 25- and 50-mg.





I CONSULTED WITH A WITCH DOCTOR

Back at the hospital, I began to think about the old man's acute business sense. It struck me that I hadn't asked how he set his fees. So I asked my host's cook instead. Had the bone setter discussed the subject of payment when he'd treated the cook's son for a fracture of the clavicle?

Yes, said the cook, the doctor had set a fee of one goat if the treatment succeeded and the boy's shoulder functioned normally again (as—incidentally—it did). But he'd made a big point that if it didn't, there'd be no charge.

I don't know whether this was the bone setter's usual fee arrangement or whether he was merely being cagey. I suspect the latter, for he was a very learned old man. He probably knew—as you and I do—that children with fractures of the clavicle obtain excellent results regardless of the method of treatment.



"Harry, we must talk to that new office girl."

Miltown dispels your patient's fears and frustrations the anxiety behind the tension.



Relieves the anxiety behind the tension

Miltown not only calms the surface agitation of your nervous patient. It also helps you dispel the underlying fears and frustrations-the anxiety behind the tension.

And Miltown has none of the additional actions that you often find in many other tranquilizers.

There are no antihistaminic, antiemetic, anticholinergic or adrenolytic effects. Furthermore, Miltown has a simple dosage schedule and does not produce cumulative effects, change in appetite or libido, ataxia, Parkinson-like symptoms, jaundice or agranulocytosis.



Usual dosage: One or two 400 mg. tablets t.i.d.

Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS* - 400 mg. unmarked, coated tablets.



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use Calmitol first

...for every type of pruritus, Calmitol® is the fast acting conservative, low-cost, nonsensitizing antipruritic. Supplied: tubes, 1½ oz., and 1-lb. jars of nonirritant, easy-spreading ointment. For severe itching, Calmitol Liquid, 2-oz. bottles.

Thos. Leeming & Co. Inc. 155 East 44th Street, New York 17.

The nation's health insurers have finally come up with a simplified all-purpose claims form. So you may soon be able to say

Good-by to Complicated Insurance Forms

By Robert L. Brenner

Tired of being plagued by increasingly complex insurance paper work? Then you owe a vote of thanks to some of your colleagues in California, Kentucky, Ohio, and perhaps a few other states who've done something about the problem. They've finally prodded nearly all the nation's major commercial health insurers into adopting a single, simplified, all-purpose insurance claims form.

The "universal" form asks only twelve basic questions (although some of the questions demand more than one answer). Yet it can be used for sickness claims, accident claims, and continuing proof of disability. It can be used by either attending physicians or surgeons. And it covers both the individual and the group policies issued by companies that write 90 per cent of the nation's commercial health insurance.

How did the new form come into being? Physicians had long been complaining about the

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GOOD-BY TO COMPLICATED INSURANCE FORMS

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growing intricacy and variety of illness- and accident-insurance claims forms. So about four years ago, the Health Insurance Council—which represents most of the country's health insurance carriers—asked its members to try to simplify and standardize the questionnaires that physicians must fill out.

The council drew up two "condensed" lists of questions: one for group policies, one for individual coverage. It asked the carriers to choose only questions from these lists for their forms. And it asked them to choose no more questions than were absolutely necessary.

Most of the insurers complied. But they often failed to pick the same questions. So while the new forms were shorter, they still varied widely from company to company. Furthermore, some companies failed to put the H.I.C. symbol on the new blanks, and some doctors didn't recognize them as H.I.C.-approved forms.

Then, too, some firms delayed sending out the new forms until their stocks of old ones got used up. So doctors still weren't satisfied. What they wanted was one simple, standard insurance blank that could be used for every insured patient.

Do-It-Yourself Forms

The upshot: State and county medical societies began to design forms of their own. So did many groups and some individual doctors. They started substituting these for the insurance companies' forms. This caused no end of trouble—and still does—for the carriers.

Says Health Insurance Council Vice Chairman Albert Whitehall: "The doctor-designed forms all give different information. And it's often not sufficient data for the companies' use in processing a claim. One form in particular, which is being widely used by doctors in a Midwestern

Continued on page 232

A REAL TIMESAVER, this new all-purpose insurance claims form should prove easy for you or your aide to fill out. How and when you can use it—and how you can get it—is explained in the accompanying article.

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state, gives only about one-third the information necessary. Every time this form comes in, our companies have to decide whether to write the doctor and ask for more information. The result has been delayed payments and frayed tempers on all sides."

To halt the rash of doctor-designed forms, the council was eventually forced to draw up its own new all-purpose blank. "We combined our two original simplified forms, eliminated duplicating questions, and pared the remaining questions to a bare minimum," explains William J. McBurney, chairman of H.I.C.'s Uniform Forms Committee. "We think the resulting form-which we've spaced so it can be filled out by typewriter-will give all the information needed in 90 per cent of the cases in which it's used."

What about the other 10 per cent? "In those cases, the insurers will simply have to write the doctor for more data. The new form is admittedly a compromise. But it's the closest we could come to the simplified, universal form doctors say they want."

Although the new form (which

INSURANCE FORMS

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is reproduced elsewhere in these pages) has been approved by the A.M.A., the council is far from happy at the idea of too many doctors' using it. "It's not intended to replace the simplified forms that most of our companies already provide," Albert Whitehall is quick to point out. "In fact, we prefer that physicians use the companies' forms.

"But if a doctor insists on substituting, we'd prefer to have him substitute the new universal form, not one he or his medical society has devised. He can simply fill out the new form, attach it to the one the insurer provides, and mail both in together."

At present, only a limited supply of the new forms is available. The council plans to distribute its original stock in sections where

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.

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The original, clinically proven, medically accepted formula is designed to meet all therapeutic considerations in the treatment of simple hemorrhoids and minor anorectal disorders.

First: provides rapid, safe, assured relief from pain, itching and burning...

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MEDICAL ECONOMICS · JUNE 20, 1960 233

GOOD-BY TO COMPLICATED INSURANCE FORMS

doctors have been using statement-blanks of their own design. And in such areas, the new forms can be obtained free of charge through state and county medical societies. In other parts of the country, physicians who write the Health Insurance Council, 488 Madison Ave., New York 16, N.Y., will be sent a free sample supply.

How about future supplies of the form? The council is arranging for various medical-stationery suppliers to print and sell them. In addition, any clinic or medical society can get permission to have them reproduced locally by writing the H.I.C. at the above address.

Warns Mr. McBurney: "If the forms are reproduced locally, they must be reproduced exactly 'as is.' There can be no changes in design or in the number, wording, or order of the questions asked." Otherwise, the forms would be just as unauthorized—and just as troublesome—as those that led the council to draw up its "universal" form in the first place.

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Milpath-400 - Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

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Why Clinical Judgment Often Dictates Altafur for Peroral, Systemic Therapy of Pyodermas

Gratifying Therapeutic Response

ALTAFUR was found "highly satisfactory in most of the primary and secondary bacterial dermatoses treated to date," including "pyodermas . . . caused by antibiotic resistant strains of staphylococci." In a nationwide survey2 there were 94% satisfactory results (cured or improved) among 159 patients treated with ALTAFUR for pyodermas.

Virtually Uniform in vitro Susceptibility of Staphylococcus aureus 99.5% of isolates (214 of 215) from patients with staphylococcal infections-including many antibiotic-resistant strains-proved sensitive in vitro to ALTAFUR in tests conducted across the nation.3 99.7% of staphylococcal isolates (334 of 335) at a large general hospital-including many antibiotic-resistant strainsproved sensitive in vitro to ALTAFUR.4

Wide, Stable Antimicrobial Spectrum

"Because of its relationship to previously developed nitrofurans, it is anticipated that [ALTAFUR] will retain

its original spectrum after longstanding clinical usage."5 Development of significant bacterial resistance to ALTAFUR has not been encountered to date.6

Minimal Side Effects

Side effects are easily avoided or minimized by these simple precautions: 1) alcohol should not be ingested in any form, medicinal or beverage, during ALTAFUR therapy and for one week thereafter 2) each dose should be taken with or just after meals, and with food or milk at bedtime (to reduce the likelihood of occasional nausea and emesis).

1. Weiner, A. L.: Paper presented at the Conference on Recent Advances in the Treatment of Chronic Dermatoses, University of Cincinnati (Ohio), Nov. 5, 1959. 2. Compiled by the Medical Departmer Eaton Laboratories, from case histories receiv-3. Christenson, P. J., and Tracy, C. H.: Curre Therapeutic Research 2:22, 1960. 4. Glas, W. W., and Britt, E. M.: Proceedings of the Detroit Symposium on Antibacterial Therapy, Michigan and Wayne County Academies of General Practice, Detroit, Sept. 1, 1959, p. 14, 5, Leming, B. H., Jr.: Ibid., p. 22. 6. Investigators' reports to the Medical Department, Eaton Laboratories.

Tablets of 250 mg. (adult) and 50 mg. (pediatric) bottles of 20 and 100

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Richard E Smith Furunculosis severe 11) 1-4032 WORRED 2. EINPOSE NO. .0 5 8.7. 25. 5 5. SOU COUNTY BALL TO NAME Richard & Smith AGE 32 ADDRESS 121 North Main St DATE 3/25/60 250 mg. Tab. Altafur Disp. no. XX Sig: 1 tab gid & food or milk

Your Best Buy In Disability-Income Coverage

Continued from page 72

this rule—two cases where disability-income riders on your life insurance *do* pay.

The first will interest you only if you are already enjoying its protection. It pertains to certain policies written in the Twenties and early Thirties and to the riders attached to them. The riders' rates and benefits were much more favorable to the policyholder back then—so much so that paying claims almost forced some insurance companies into bankruptcy. If you have such a rider, hang on to it. You can't do better. And you'll never be able to get the same deal again.

V.A. Riders a Bargain

The second exception is the disability-income rider the Veterans Administration now offers on G.I. policies. (If you have a G.I. policy and haven't received a notice about the new rider from

the V.A., you soon will.) This allows you to get \$10 a month in disability protection for every \$1,000 of G.I. insurance you own. For example, on the maximum \$10,000 policy you can get \$100 a month in disability insurance.

Generally speaking, the provisions of the G.I. disability rider are much like those of the commercial insurance riders. The big advantage of the G.I. rider is the low cost, as you might expect. It costs a 35-year-old man only \$14.20 a year to add a \$100-amonth rider to his five-year G.I. term policy.

Of course, a G.I. disability rider won't solve your disability insurance problem. The \$100-a-month maximum protection it gives you is merely a low-cost extra. But it will help beef up your disability coverage.

And that's important. Every insurance authority agrees that disability-income coverage is one of the most important forms of protection a doctor can buy. So it's vital that you buy not only the right variety, but as much as you need and are entitled to.

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answers best the question of how to treat patients with allergic dermatoses.

When you prescribe POLANIL (composed of POLARAMINE®, today's lowest-dosage antihistamine, plus DERONIL®, today's lowest-dosage corticosteroid), you can control the discomfort of allergic dermatoses, hay fever and seasonal asthma. (Remember, too, POLARAMINE alone or in combination controls the discomfort of seasonal and nonseasonal allergies, allergic complications of respiratory illness, and drug and serum reactions.)

Because of its unique composition, POLANIL is particularly recommended for those dermatoses in which an antihistamine alone may not be fully effective, or for which full steroid therapy is not indicated. Pruritus responds favorably to POLANIL in almost all cases even when edema and erythema may persist.

POLANIL is effective in treating patients with resistant allergic dermatoses and seasonal asthma because the

POLARAMINE component blocks the reception of histamine in precisely those areas where histamine is concentrated and where it provokes the most intense reaction: the skin, the upper gastrointestinal tract and the respiratory tree. The DERONIL component possesses an intensified antiinflammatory activity with minimal effect on electrolyte and water balance.

Dosage: One or two tablets after meals and at bedtime. Dosage should be gradually reduced to lowest effective maintenance level or, if possible, discontinued.

Supply: Available in bottles of 50. Each tablet contains 0.25 mg. dexamethasone, 2 mg. dexchlorpheniramine maleate, and 75 mg. ascorbic acid, gn-1466

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Unless your practice is limited to bacteriology . . . or your patients are all in the upper income brackets . . . you have doubtless received complaints about the cost of the medication you prescribe.

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gives...and gets

Some of these complaints can probably be dismissed lightly as coming from cranks, who would complain about your fee for a midnight house call to save the life of a dying child. Others, however, are made seriously by thoughtful patients and deserve an answer in kind. You know what the patient gets from his pharmacist because you have prescribed it. Do you also know that the average cost of a prescription is about \$3.00? Only about one in 100 costs \$10.00 or more, and 3 out of 5 of the prescriptions are under \$3.00. These figures are based on retail prices. They include the manufacturer's research, development, and manufacturing costs and all distribution costs of the wholesale and the retail druggist. Only you and your patients can judge whether today's drugs at these prices represent a fair quid pro quo, an equitable balance between what is given and what is received.

This message is brought to you by 138 producers of prescription drugs at a service to the medical profession and in the same spirit, it is carried by this publication. For additional information, place write Pharmactical Manufacturers Association, 1418 K Street, N.W., Washington 3, D.C.

This Home-Care **Program Pays Doctors' Full Fees**

Continued from page 82

Service to provide the visiting nurses. It also decided on these major policies, which are still in effect:

- All Greenwich residents are eligible for home care, regardless of their economic status.
- · Referrals to home care are normally made by the patient's attending physician, who continues the management of his own patient. If someone else requests the referral, it is O.K.'d by the patient's own doctor.
- The physicians who use the program set their own fees for house calls and other services.
- All patients participate in the program on a fee-for-service basis, according to ability to pay.

Not only have these principles helped preserve the traditional doctor-patient relationship, but doctors haven't taken advantage of the plan. They haven't asked for unneeded frills and furbelows, or for home care when it's no longer needed.

"What's more, the system hasn't been abused by patients, either," observes Dr. Markley. "About 20 per cent have paid their doctor bills in full. Another good-sized group has paid a large part of theirs. The program has picked up the rest of the tab, with some help from state and local welfare and health organizations. But physicians' bills have been only a small part of our over-all costs. Physical-therapy services, pharmaceuticals, and the administration of the program itself have together taken a much bigger bite out of the plan's treasury than have doctors' fees."

The Home-Care Team

After setting forth its guiding principles, the council organized a home-care team to carry out the program. Basically, this is composed of:

1. The medical coordinator. He sees to it that the services and facilities requested by the patient's physician are where they should be at the right time.

Continued on page 247

relieves hypertension...and reduces nasal congestion SANDRIL® C PYRONIL®

averts the most common side-effect of reserpine

Although the nasal stuffiness commonly caused by reserpine preparations is seldom serious, it may be bothersome enough to induce patients to cease therapy.

Clinical experience^{1,2} has revealed that the antihistamine, Pyronil, provides relief for approximately 75 percent of patients who experience this side-effect. Therefore, Sandril \bar{c} Pyronil offers you better patient control by providing greater freedom from nasal congestion.

Each tablet combines:
Sandril 0.25 mg.
Pyronil 7.5 mg.

Usual Dosage: 1 tablet b.i.d.

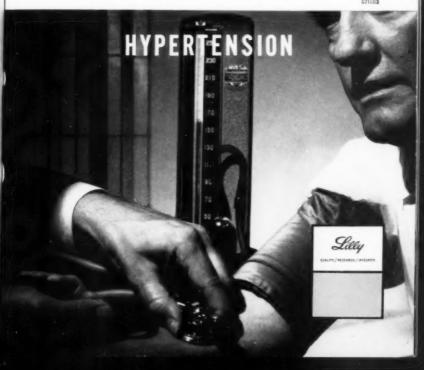
Sandril* (reserpine, Lilly)

Also: Sandril, as tablets of 0.1, 0.25, and 1 mg., and elixir, 0.25 mg. per 5-cc. teaspoonful.

1. Geriatrics, 12:185, 1957.

J. Indiana M. A., 48:603, 1955.
 Pyronil⁸ (pyrrobutamine, Lilly)

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The first synthetic penicillin available for general clinical use

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SUPPLY: SYXCHLIN TABLETS-250 mg. and SYXCHLIN TABLETS-125 mg.

SYXCHLIN FOR ORAL SOLUTION-60 ml. bottles-when reconstituted, 125 mg. per 5 ml.

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How new Dianabol rebuilt muscle tissue in this underweight, debilitated patient

Patient was weak and emaciated before Dianabol. R. C., age 51, weighed 160 pounds following surgery to close a perforated duodenal ulcer. His convalescence was slow and stormy, complicated by pneumonia of both lower lobes. Weak and washed out, he was considered a poor risk for further necessary surgery (cholecystectomy). Because a conventional low-fat diet and multiple-vitamin therapy failed to build up R. C. sufficiently, his physician prescribed Dianabol 5 mg. b.i.d.

9½ pounds of lean weight. His muscle tone was improved, he felt much stronger. After 4 weeks, he weighed 176 pounds. Biceps measurement increased from 10" to 11½". For the first time since onset of postoperative pneumonia, his chest was clear. Mr. C.'s physician reports: "He tolerated cholecystectomy very well and one week postop felt better than

he has in the past 2 years."

Patient regains strength on Dianabol.

In just two weeks R. C.'s appetite

increased substantially; he had gained

246 MEDICAL ECONOMICS · JUNE 20, 1960



Dianabol: new, low-cost anabolic agent

By promoting protein anabolism, Dianabol builds lean tissue and restores vigor in underweight, debilitated, and dispirited patients. In patients with osteoporosis Dianabol often relieves pain and increases mobility.

As an anabolic agent, Dianabol has been proved 10 times as effective as methyltestosterone. Yet it has far less androgenicity than testosterone propionate, methyltestosterone, or norethandrolone.

Because it is an oral preparation, Dianabol spares patients the inconvenience and discomfort of parenteral drugs.

And because Dianabol is low in cost, it is particularly suitable for the aged or chronically ill patient who may require long-term anabolic therapy.

Supplied: Tablets, 5 mg. (pink, scored); bottles of 100.

Complete information on request.

Dianabol (methandrostenolone CIBA)

converts protein to working weight in wasting or debilitated patients

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HOME-CARE PROGRAM

- 2. Nurses. A nurse-coordinator helps evaluate the patient's needs and whether or not the home situation is adaptable to home care. Visiting nurses give the patients nursing care and health instructions. They may also instruct and supervise the patient's family in his care.
- 3. Social workers. A graduate caseworker evaluates the patient's readiness to accept care at home and the family's willingness to give it. A caseworker, as liaison with community agencies, may also offer financial advice and help patch up family differences.
- 4. Therapists. A physical therapist and an occupational therapist are available to attend the patient when the attending physician requests their services.

When a patient is referred for home care, the social worker and the nurse-coordinator (and sometimes the therapists) evaluate the patient's home to see if it's suitable. The home-care team then talks the case over with the patient's physician.

The main purpose of such a meeting is to decide this question: Is home care the best type

MEDICAL ECONOMICS · JUNE 20, 1960 247

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HOME-CARE PROGRAM PAYS FULL FEES

of care for the patient? In about one out of eight cases, it has been decided that it isn't. Though Dr. Markley has the final say, he has never made a decision without prior agreement of all concerned.

After acceptance, a patient comes under the hospital's Home Care Department. (Naturally, his admission or readmission as an in-patient is guaranteed.) The hospital maintains a complete chart on him. And all its facilities are available for his care. His physician fills out a form to order the services, medications, and equipment required. The homecare team then provides them.

What the Patient Pays

Patients are charged nothing for the home use of beds, commodes, wheel chairs, and other hospital equipment. The hospital has found that charging for these things is more bookkeeping bother than it's worth. But patients are charged—according to their ability to pay as determined by the social worker—for drugs, fitted orthopedic devices and the like, and for any therapists' services.

Let's suppose a patient can pay only a minimum amount for his medical care. He may get one house call a week, for which the doctor charges \$8. So the patient pays the doctor \$8, then pays the home-care program whatever he can afford. Note that he pays the doctor first. If the patient's available funds don't cover the doctor's fee, the program itself makes up the difference. And if the patient is truly indigent, the program adds enough to the welfareagency payment so that the physician gets his full fee.

Frequent Discussions

Every week, all doctors with patients on the program are invited to meet with the members of the team. Dr. Markley likens these sessions to ward rounds, partly because the ancillary personnel often make suggestions about the patients' care. Important changes in a patient's regimen are never made without the attending physician's approval, however.

During the program's first four years, about 230 patients were placed under it. Of these, Th

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BANAÑABOLISM

The basal metabolism of an adult can be determined easily. But no one has been able to measure accurately the enormous amount of energy expended by an active child. To keep pace with youngsters' "runaway" metabolism, the physician will find a wonderful ally in the banana. Bananas are rich in energy-giving carbohydrates, and provide a well-balanced supply of vitamins and minerals for tissue building and bone growth. They taste so good even the most finicky eaters will love them; and bananas are so low in calories* even plump children can enjoy them. What a delicious, nutritious way to avoid excessive empty calories! Bananabolism is another reason why bananas belong in the daily diet. Help your patients—and yourself—to a banana to-day. For your free copy of the booklet, "Bananas—Versatile in Health or Illness," write to Box No. 2657, New York 17, N. Y.

*88 calories in a medium banana - USDA Handbook No. 8, Composition of Foods.

UNITED FRUIT COMPANY 30 St. James Avenue, Boston 16, Massachusetts

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HOME-CARE PROGRAM PAYS FULL FEES

more than half were 70 or older. And more than half either suffered from heart disease or cancer or required orthopedic care.

So far, nearly two-thirds of the local doctors have made use of the plan, says Dr. Markley. This doesn't include ophthalmologists, anesthesiologists, and other physicians unlikely to need it for their patients, of course.

Patient-reaction to the program is said to be highly favorable. And Greenwich physicians are enthusiastic, too.

How to Finance It?

Comments Dr. Frederick W. Finn, a surgeon: "I'm 100 per cent in favor of our home-care program. And other communities should also find one profitable. Instead of trying to raise huge sums for 200-bed hospitals, they could establish a home-care program at far less expense. And they'd still do a fine job of caring for the sick."

Approving action speaks louder than words. In January, 1958 (one year before the original three-year grant of \$75,000 was due to expire), the hospital's

medical staff took such an action: It voted unanimously to make the program permanent. Yet the vote left a big question unanswered: How could the program be financed when the grant ran out?

What Greenwich Does

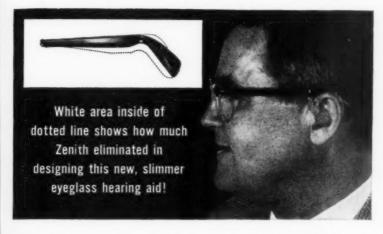
The Greenwich Hospital Auxiliary earns a considerable annual sum through a gift shop, a thrift shop, and other services. So it contributed \$25,000 to the program to tide it over for one year after the original grant was expended. Then the home-care department was integrated into the hospital's over-all budget.

Obviously, an additional \$25,-000 a year would be no small sum for the community hospital to dig up in a town lacking the resources of Greenwich. But a home-care plan can make it unnecessary to raise the much larger amount required to build a new hospital or add beds to the old one.

Other potential sources of revenue to help support home-care programs are the Blue plans. As you know, Blue Cross has a num-

NEW ZENITH "Medallion" EYEGLASS HEARING AID

1/3 smaller than the previous Zenith model



Brilliantly engineered... the new Zenith "Medallion" Eyeglass Hearing Aid offers 4-transistor power circuitry. It is one of the first of the outstanding new hearing aids for 1960 that Zenith has selected for its distinctive new Gold Seal Series.

Slimmer, more smartly styled than previous models, the "Medallion" is as stylish as most modern eyeglasses. And Zenith engineers have developed this advance without any sacrifice of worldfamous Zenith "Living Sound" performance!

The slender "Medallion" temple bars can be custom-contoured to individual head shapes . . . fit snugly but lightly behind the ears . . . can be switched easily from regular eyeglass fronts to sunglasses. Convenient on-off switch and separate fingertip volume control, individual tone adjustment.

Write for all the "Medallion" details
--Plus Free Cardboard "Cut-Out" Model!



Hearing Aid Division, Zenith Radio Corporation Dept. 39TD, 6501 W. Grand Ave., Chicago 35, III.

Please scnd me your actual size "cut-out" model of the "Medallion," as well as complete product information.

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MEDICAL ECONOMICS · JUNE 20, 1960 251

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ber of pilot studies under way to determine how it can make homecare coverage more generally available. As for Blue Shield. more and more of its plans are extending payments for certain aspects of out-patient care; eventually this arrangement may broaden to include much homecare coverage.

The Greenwich program is serving an increasing number of home-care patients each year. Last year it averaged thirty-seven a day; currently, the figure is forty-plus. And Dr. Markley expects that such patients may average seventy-five a day in the not too distant future.

One for Your Town?

Could your town emulate what Greenwich is doing? From his long experience as the program's coordinator, Dr. Markley thinks so. Says he: "Nearly all communities have on hand the various services and equipment we offer. All we've really done is integrate and coordinate them for use in the home." Adds another local physician: "The Greenwich plan has proved that full physician fees for home care are perfectly practicable."

The biggest hurdle is raising the money to get such a program going, the Greenwich doctors admit. They feel they were lucky in obtaining the grant that got their own plan off the ground. But they're also sure that-lacking such a grant-some hard work by physicians and other civic-minded people, determination, and a little imagination could do the same job.

It's a job that's worth doing. The Journal A.M.A. editorialized recently: "An adequate home-care program can be established in almost any community." But whether most doctors would welcome just any old plan is another question. A good many of them would probably agree with the G.P. who wrote this magazine not long ago: "If the question of payment for house calls is cleared up, I see no reason why the program shouldn't be welcomed by all physicians."

The Greenwich plan might well point the way toward clearing up that question in your own community. END lob a a h u sie h

resistant mutants? sensitivity reactions? UNHEARD OF!

in urologic patients taking

MANDELAMINE

brand of methenamine mandelate

This is why Mandelamine is so excellent to use in chronic resistant urinary disorders. Antibacterial but not antibiotic, Mandelamine is highly effective against many organisms resistant to antibiotics (and sulfas, too). And since Mandelamine works solely within the urinary tract, sensitivity risks and systemic reactions are relatively rare, even during prolonged usage. Mandelamine is effective, well tolerated, and economical, too. DOSAGE: Adults—average dose is 2

Mandelamine Hafgrams, q.i.d. Children over 5-1 Mandelamine Hafgram q.i.d. Children under 5-1 tsp. Mandelamine Suspension q.i.d. SUPPLIED: Mandelamine Hafgrams® (0.5 Gm. tab-

lets); 0.25 Gm. tablets; also pleasantly flavored Mandelamine Suspension containing 0.25 Gm. methenamine mandelate per 5-cc. teaspoonful.



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Don't Let Your Home Become an **Answering Service!**

Continued from page 77

making hospital rounds or house calls, of course.

Looking back, I realize that this phoning used to siphon away the dinner hour, the play hour, and the bedtime story hour that we now enjoy. It commanded my wife's attention or mine pretty steadily until about 9 o'clock in the evening.

The picture has changed radically now that we have an afterhours receptionist in the office. Some months ago, we hired her, on a trial basis, to work from 5 to 9 on weekdays and from 1 to 9 on Sundays. Immediately, we found that we were able to give better service to our after-5 patients in the office and still get home earlier. More importantly, the phone calls to our homes soon began to drop off. The new girl is no longer on trial; it's a permanent arrangement.

Our patients swiftly learned

that the quickest way to get a doctor in the evenings and on Sundays was to phone the office. What chiefly helped was that they knew they'd get the office, not an impersonal answering service. Meanwhile, the doctor on call has learned to keep the aide posted on his exact whereabouts at all times. Her evening work shortens his night work.

No Needless House Calls

We don't have evening office hours. But now that the office is open, the after-hours receptionist saves the doctor on call from making a good many needless house calls. She does it by scheduling the suddenly ill child for an immediate office visit, if this is at all possible. Thus, during the winter season, one of us doctors may see eight or ten patients at the office in one night-and still get to bed at a reasonable hour.

In the old days, the doctor on duty had to spend the entire evening traipsing about town on house calls. Then he'd be on the phone at intervals throughout the night. Today, we're accomplish-



after the first dose of

PYRIDIUM

brand of phenylazo-diamino-pyridine HCl

This is why Pyridium is so desirable for urologic patients with pain, burning, frequency or urgency. Pyridium brings fast comforting relief—usually within 30 minutes—because of its local analgesic effect. Since Pyridium is compatible with all antibacterials, it permits more flexible therapy. Thus, you can give the agent of your choice to control any underlying infection. And unlike fixed analgesic antibacter-

ial combinations, Pyridium provides greater symptomatic relief in the recommended daily dose. This relief can be maintained for as long as recessary because Pyridium is extremely well tolerated. AVERAGE DOSAGE:

Adults—2 tablets t.i.d. Children (9 to 12)— 1 tablet t.i.d. SUPPLIED: 0.1-Gm. tablets, bottles of 50, 500 and 1,000.



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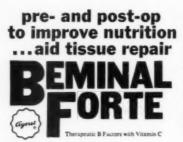
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A single capsule provides 250 mg. of vitamin C and massive doses of B factors to meet the need when requirements are high and reserves are low. Prescribe "Beminal" Forte pre- and postoperatively, during convalescence, and for patients on special diets to improve the prognosis and accelerate recovery. Supplied: No. 817 - Bottles of 100

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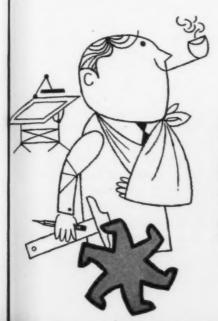
ing so much through the medium of our new aide that the dreaded phone calls between midnight and breakfast have become a rarity.

In dozens of other ways, too, the after-hours girl has helped to lessen confusion and headaches in our office. She files charts that have been left over after a busy day. She pulls ledger cards, attaching charge slips to them. She keeps the bulletin boards up to date and checks on office supplies. She looks after the books from our lending library and

straightens out the magazines in our waiting room. These details, which the day staff has little time for, have contributed suprisingly to the atmosphere of orderliness.

We pay the girl about twothirds the salary of a full-time
employe, and we don't begrudge
a cent of it. Our efficiency is
higher, our phone bills are lower,
and the night man is able to see
more patients. As for our wives
—well, mine says she'd gladly
pay the new aide's salary out of
her own pocket, if that were necessary.

END



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DAPRISAL®

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Good Protection For Your Heirs: A Living Trust

Continued from page 87

If you pay her out of your income, you'll be taxed on it. But if you set up an irrevocable trust that's large enough to yield her an annual \$2,000, the money will be taxed to her at a much lower rate.

An irrevocable trust isn't such a good idea for most physicians, though. It means loss of control of your property. So if you're tempted to put a large share of your assets in such a trust, it's worth careful checking to be sure that the tax saving is big enough to warrant total loss of control. (Remember what happened to King Lear when he divided his entire kingdom between a brace of ungrateful daughters?)

One plan you might want to consider is a *short-term* irrevocable trust, lasting at least ten years. In such a trust, the income is taxed to the person who enjoys it. But at the end of the

stated period, you can regain possession of the property.

Living trusts are less expensive to set up and maintain than many people suspect. There's a one-shot legal fee for drafting the trust agreement (the amount depends on the complexity of your agreement). In addition, you have to pay an annual fee to the trustee, based upon the principal amount of the trustor the amount of income it yields.

Standard Fees

Though trustee fees vary from state to state, rates are likely to be pretty standard within a given state. Often, they're set by law. In New York, for example, trustees are permitted to charge a \$625 annual fee for administering a \$200,000 fund. Considering the work involved and the caliber of management that a good trust company will give you, that's far from exorbitant.

Of course, there are other ways to achieve many of the advantages of a living trust. For example, your will can provide for a testamentary trust—one that goes into effect at your

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forms a perfect are—easy to insert...ideal for the normal and difficult-to-tit patient.

ORTHO Diaphragm (Coil Spring)



Plexes in all planes—adapts readily to irregular contours of the vagina.. assures optimal fit and comfort.

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Plexes in one plane—inserts easily, needs no introducer... light as a feather and white as snow.

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WEAK ARCH HERE

Callouses Cramps, Burning, Tenderness



Prescribe Dr. Scholl's Arch Supports in cases requiring mechanical relief from Foot Arch trouble of any kind. The patient will be properly fitted and the Supports adjusted as the condition of the foot warrants, at no extra cost. This nation-wide service is available at many leading Shoe and Department Stores and at Dr. Scholl's Foot Comfort® Shops in principal cities throughout the world.

DE Scholl's SUPPORTS

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A LIVING TRUST

death. That way, you avoid trustee fees during your lifetime. But you don't get the investment management that a living trust offers. And you don't get an advance look at how good a job the trustee does.

Only a *living* trust starts during your lifetime and goes on after your death. Only a *living* trust can give you a clear preview of how well your estate plan will work out for your heirs. Those are the two reasons why more and more doctors are going for the idea.

Amusing . . . Amazing . . .

Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

Contributions must be unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected.

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of labor. It has a definite place in the stimulation of labor in the early part or later stages either in desultory preliminary labor, or in primary or secondary uterine inertia.

Pirrocin (oxytocin injection, Parke-Davis) is supplied in 0.5-cc. (5-unit) ampoules, in boxes of 10 and in 1-cc. (10-unit) ampoules, in boxes of 10.

Each cc. contains 10 international oxytocic units (U.S.P. units).



What Office Procedures Really Cost You

Continued from page 93

supplies, and X-ray materials; and the salary of my vacation substitute?"

"Just those items," I agreed. "If I were doing a cost study for you on a really pure basis, I'd count out a few other small expenses, but I won't confuse you with the refinements of cost accounting. We've already agreed that approximations will serve our purpose."

"Well, we've now reduced my total yearly expense by \$3,600, leaving it at \$10,400," said Dr. Cutler. "That, I take it, is what I'd have spent on my practice even if I'd sent my patients out for X-rays and lab work and had given no shots or medicines in the office."

"Right again. Next, let's add an expense that physicians talk about a great deal but never fig-

Continued on page 268



ME-MATCHED" COMPONENTS for smoother management of

g.i. spasm



ANTISPASMODIC

BUTIBEL combines two synchronous componentsbelladonna and BUTISOL.®

Unlike poorly matched belladonna-phenobarbital combinations, BUTIBEL neither builds up a sedative burden nor leaves the spasm unprotected.

Rather, BUTIBEL, with its time-matched components, gives full, uninterrupted antispasmodic and sedative action.

BUTIBEL: belladonna extract...15 mg. and BUTISOL Sodium®...15 mg.

BUTIBEL Tablets · Elixir · Prestabs® Butibel R-A (Repeat Action Tablets)

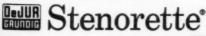
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With a Stenorette you don't just correct errors; you erase them ... on re-usable magnetic tape. With one microphone button you dictate, backspace, review ... and, if you say it wrong, erase as you say it again right. And your secretary can type your case histories, medical papers, reports and correspondence right the first time!

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NOW...the first truly effective and safe control of both chronic and acute diarrhea

Sorboguel In Convenient Tablet Form

A totally new agent, for non-opiate control of the dual problem of diarrhea: too fluid feces, too frequent evacuations

Unexcelled therapeutic response, 85% of the chronic cases, 93% of the acute."

The culmination of a decade of faboratory experimentation and over five years of clinical confirmation.

For too fluid feces, an extraordinary ability to absorb free fecal water.

For too frequent evacuations, superior, yet selective, antimotility action.

Convenient tablet form; simple, uncomplicated dosage schedule (1 tablet q.i.d.).

Even where all other agents have failed—Sorboquel arrests long-standing, uncontrolled, exhausting diarrheas

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Unexcelled Therapeutic Response: Results of the Administration of Sorboquel Tablets'-1

	No. of Patients	Excellent	Good	Poor
Chronic Diarrhea*	485	335	76	74
		84.	84.7%	15.3%
Acute Diarrhea**	332	288	22	22
		93.4%		6.6%

^{*}Chronic diarrheas include irritable bowel syndrome, regional enteritis, diverticulitis and ulcerative colitis, postantibiotic enteritis, malabsorption syndrome, radiation proctitis, surgically short-circuited intestinal states. Diarrhea had persisted for more than a year in a large percentage with bowel movement frequency averaging from 5 to more than 10 a day. In most patients, Sorboquel controlled the condition within 3 days, even where other agents had failed.

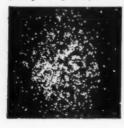
^{**}Acute diarrheas include nonspecific gastroenteritis, enteritis, enterocolitis. Control of the diarrhea was achieved within 24 hours in most cases.

Dual-action Sorboquel arrests diarrhea even where all other agents have failed

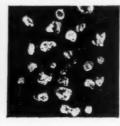
The components in Sorboquel: the culmination of many years of development

Sorboquel Tablets combine two unique and hitherto unavailable antidiarrheal agents—polycarbophil and thihexinol methylbromide. Acting together, through different but complementary mechanisms, these components in Sorboquel absorb free fecal water and quell hypermotility and associated spasm to an exceptional degree.

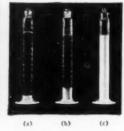
For too fluid feces, an extraordinary ability to absorb free fecal water (through the hydrosorptive action of new polycarbophil)



Dry State
Demonstration of the
particulate nature of
dry polycarbophil,



Swollen State
Note the particulate nature
of swollen polycarbophil, Impaction is
virtually impossible.



Demonstration of the dependence of swelling of polycarbophil on pH (a) pH of stomach; (b) pH of duodenum; (c) pH of intestines.

A newly synthesized macromolecular substance exhibiting extraordinary capacity for absorption and retention of free fecal water**-11 ** the colloidal suspension is free-flowing, since, in the swollen or hydrated state, the particulate structure is retained** ** exerts marked hydrosorptive action only on reaching the alkaline medium of the small intestine and colon ** virtually free of impaction qualities** ** pharmacologically inert, not absorbed from the gut12**

Convenient tablet form; simple, uncomplicated dosage schedule

Sorboquel dosage: For older children and adults, initial dosage of one Sorboquel Tablet q.i.d. is usually adequate. Severe diarrheas may require six, or even eight, tablets in divided daily doses. (Dosages exceeding six tablets a day should not be employed over prolonged periods.) Many patients can be maintained on one to three tablets daily after the diarrhea is brought under control.

SIDE EFFECTS: The incidence of side effects at recommended dosage is negligible. (The usual precautions when using parasympatholytic agents should be observed. Complete information regarding the use of Sorboquel Tablets is available on request.

Sorboque TABLETS

the first truly effective agent to control the dual problem of diarrhea: too fluid feces, too frequent evacuations

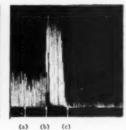
For too frequent evacuations, superior, yet selective, antimotility action (through the parasympatholytic action of thihexinol methylbromide)



90-minute film demonstrating hypermotility of gastrointestinal tract in patient.



6-hour film after administration of thibexinol to patient showing marked inhibition of gastrointestinal motility.



Inhibition of methacholine-induced spass by thibexinol in isolated rabbit intestine. Time of graph is 40 minutes. (a) normal motility; (b) methacholine, 40 mcg./L; (c) thihexinol, 10 mcg./ml.

A new, superior parasympatholytic agent with a dominant inhibitory action on intestinal motor function¹³⁻¹⁶ • onset of intestinal motor inhibition has been shown to occur within 10-20 minutes ¹⁴ • does not interfere with gastric secretion or digestive processes •unusually free from atropine-like side effects • its enteral antimotility action permits polycarbophil to exert maximal water-binding eff ⁻⁷ t

SUPPLIED: SORBOQUEL TABLETS, bottles of 50 and 250. Each tablet contains 0.5 Gm. polycar-bophil and 15 mg. thihexinol methylbromide.

REFERENCES: 1. Heck, C. W.: Med. Times 88:320 (March) 1960. 2. Winkelstein, A.: Personal communication. 3. Berkowitz, D.: in press. 4. Lind. H. E.: Personal communication. 5. Seneca, H.: in press. 6. Riese, J. A.: Personal communication. 7. Gilbert, A. S.; Schwartz, I. R., and Matzner, M. J.: Submitted for publication. 8. Personal communications to Medical Department, White Laboratories, Inc. 9. Pimparker, B. D.; Paustian, F. F.; Roth, J. L. A., and Bockus, H. L.: To be published. 10. Texter, E. C.; Personal communication. 11. Clinical reports to Medical Department, White Laboratories, Inc. 12. Grosson, A. J.; Batterman, R. C., and Leifer, P.: J.Am. Geriat. Soc. 5:187 (Feb.) 1957. 13. McHardy, G.; Browne, D.; McHardy, R.; Bodet, C., and Ward, S.: Am. J. Gastroenterol. 24:601 (Dec.) 1955. 14. Shay, H.: Personal communication. 15. Hirsh, H.: Personal communication. 16. Berrevitz, L. T.: J. Am. Geriat. Soc. 5:940 (Nov.) 1957.

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WHAT OFFICE PROCEDURES COST

ure in their practice costs. It's an item the T-men wouldn't accept; but it's very real. More specifically, we're going to adjust your year's expenses to recover the year's loss on the capital it took to make a doctor of you.

"How much would you say your medical education cost? Approximately, of course—and conservatively, please."

Return on Schooling

He ridged his brow in mental calculation. "Well, I'd say those five years cost my father all of \$12,000," he said slowly. "That includes my keep."

I nodded. "That was the direct outlay. But it wasn't the total cost. There was also a monetary loss—one that's usually overlooked. If you'd gone into business straight from college, how much money do you think you might have earned during the five years you spent as a medical student?"

"Maybe fifteen or twenty thousand dollars," he allowed.

"If you had averaged no more than \$75 a week for that time, you'd have earned \$19,500," I pointed out. "So let's use that modest figure. In round thousands, you forfeited \$19,000 during your years in medical school. Add the \$12,000 of actual outlay, and you get \$31,000 as a fair estimate of what it cost you to become a physician.

"It costs 6 per cent to borrow money these days. So I think you should recover that \$31,000 at the rate of 6 per cent a year until all of it has been restored to you. We won't look for a profit, merely repayment. That gives us \$1,860 for the year. I suggest we settle for \$1,800 and add it to your overhead for 1959. The \$10,400 we've already figured as your year's cost is now up to \$12,200. Let's round it off to \$12,000. O.K.?"

"All right," said Dr. Cutler. "What's the next step?"

Breaking It Down

"How many days was your office open in 1959?"

"Three hundred, I guess. Six days a week."

"Oh, no," I demurred. "You take Wednesday and Saturday afternoons off. So you work here

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in depression

In the treatment of depression Tofranil has established the remarkable record of producing remission or improvement in approximately 80 per cent of cases.¹⁻²

Tofrānil is well tolerated in usage—is adaptable to either office or hospital practice—is administrable by either oral or intramuscular routes.

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not a MAO inhibitor.
Does act effectively in all types
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Does not inhibit monoamine oxidase in brain or liver; produce CNS stimulation; or potentiate other drugs such as barbiturates and alcohol.

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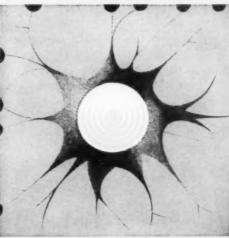
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lights the road to recovery in 80 per cent of cases



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WHAT OFFICE PROCEDURES COST

the equivalent of *five* days a week. And you took off four weeks—twenty work days—for your vacation. That brings it down to 240 days.

"It costs roughly \$12,000 to keep your office open for 240 days. Yes, I know that the girls and the locum kept it open when you were away; but we have to use your days as our divisor. It works out, then, to a neat \$50 per day of total office expenses. Now, how many hours each working day were you in the office?"

"About six—from 10 till 1, and from 2:30 till 5:30," said the doctor.

Overhead Per Minute

"So the hourly cost of the time you were personally here—which for our purpose is the only time that matters—was \$8.33. And the cost per minute, assuming you never wasted any time, was just about 14 cents. That figure represents your total overhead distributable over all office patients."

Dr. Cutler thought for a moment. Then he said: "On that basis, if I spent ten minutes with a patient, I was out \$1.40."

"There's more to come," I said. "The \$1.40 is only what you paid out. Think back to that \$2 business letter you spoke about in the beginning. What do you think was the biggest factor in its cost?"

"The time of the high-priced executive who dictated it, I reckon."

Cost of M.D.'s Time

"Correct. And so . . . what about some pay for the executive in *this* office? We must certainly figure on a labor cost for *you*, mustn't we?"

"I'm a little adrift at this point," admitted the doctor.

"I'll approach it from another direction," I said. "You paid another doctor \$1,000 to take care of your practice during your fourweek vacation. So we can assume that you yourself merit at least that rate of payment. On that basis, let's put down \$12,000 as the rock-bottom labor cost of Melvin Cutler, M.D. That's another \$50 a day to add to the \$50 we've already identified as overhead—

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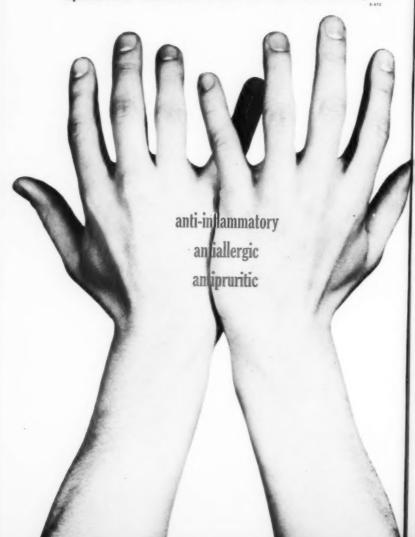
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WHAT OFFICE PROCEDURES COST

another 14 cents a minute. Which gives us 28 cents a minute in all.

"That, Doctor, is your C.P.M.—the *lowest possible* cost per minute of your time in the office. Ten minutes costs you \$2.80. An hour costs roughly \$16.80."

"That makes my \$3 charge for an office visit look awfully low," mused Dr. Cutler. "I wonder—"

"Hold it," I broke in. "We're talking costs, not fees. Now, how many patients do you see in the office each day?"

Cost Per Patient

"I average about thirty. And don't forget that I see every one of 'em. My nurse gives shots, takes films, and runs lab tests, but I personally see every patient every time. I spend from thirty minutes to an hour with new patients. And I'm often with an old patient longer than ten minutes."

"It works out as I'd expect," I said. "Thirty patients averaging ten minutes each would take five hours. Allowing for some new patients and some garrulous regulars, thirty patients will use up six hours easily. You're a busy man.

"Now, I want you to follow this closely. We've seen that your C.P.M.—the cost of one minute of your office time-is 28 cents. If you telephone a prescription to the drugstore, the half-minute it takes you to give the pharmacist your instructions is an outlay of 14 cents. If you call up your old professor and talk with him for three minutes about a tricky diagnostic problem, it costs you 84 cents. If you spend five minutes writing up a chart after a complete physical examination, you spend \$1.40 on that chore. If an old pal stops by to chat about college days and stays half an hour, you're out \$8.40. Spend an hour with a patient, and the meter ticks off \$16.80."

Why Add M.D.'s Time?

"I've kept up with you pretty well, I think," said Dr. Cutler. "But one thing puzzles me. It doesn't cost 28 cents a minute for my nurse to do the things she does. If I did the ECGs, the lab work, the X-ray films, and the shots, it would oost that much, obviously. But when she does Continued on page 276

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them, the cost shouldn't include my labor. So it's only 14 cents a minute, the way I see it."

"Not at all," I said. "That would be true only if it were her practice, not yours. Since she couldn't do any of these things without your supervision, the cost of your supervisory time must be reckoned into the cost of everything she does. And you supervise her continuously. So even if you were to let her take all the case histories, with no change in her pay, your C.P.M. would still be 28 cents.

"In that event, you'd presumably cut down your time with new patients, and this might enable you to see thirty-five patients a day instead of thirty. Your income would then rise. But the gain would come from increase of production, not from a change in costs. And if you didn't see any more patients in the extra time made available to you, your income wouldn't change from what it was when you took your own case histories. The fact is that it costs 28 cents a minute to operate this office, no matter how the work is shared."

"You think, then, that if I get 28 cents a minute for my time, I'll come out all right?"

"If \$12,000 a year before taxes is your personal income target, you will. That's all we allowed you for your labor in reaching your C.P.M.," I replied. "But there's another factor to take into account. After all, you're an entrepreneur, as every professional man must be. I admit that your enterprise has a strong humanitarian element, but it's still an enterprise. Your investment in it is much greater than the cost of your medical education, which we took care of earlier.

Practice Investment

"For instance, you've saddled yourself with a mortgage on this office building. You put down a hunk of money for the land and the down payment. You bought all this equipment. You've sacrificed many frills that the organization man enjoys: paid vacations, paid sick leave, profit sharing, group life insurance, a pension plan. So you're entitled to a better return than the basic salary—the pay of a young employed

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"I' abou Lond Whis libel. Whis never comb for fli public kin's c physician-that we figured in your overhead.

"After all, if you wanted only \$12,000 a year, you could get it in a government medical job or as a physician in industry. Chances are you'd make more than that-with fringe benefits added-without risking a penny beyond the cost of your medical education.

"What we've just done is figure out your basic cost per minute. We haven't allowed you any profit as an entrepreneur. Nor have we even discussed what I would call your personal professional value."

"What would that be?" asked the doctor.

That Extra Something

"I'll explain it with a story about an American artist in London in 1878, James McNeill Whistler sued John Ruskin for libel. Ruskin, writing of one of Whistler's paintings, had said: 'I never expected to hear a coxcomb ask two hundred guineas for flinging a pot of paint in the public's face.' At the trial, Ruskin's counsel asked Whistler how long it had taken him to paint the picture. Whistler said two days. The advocate then asked: 'The labor of two days, then, is that for which you ask two hundred guineas?' And Whistler answered: 'No. I ask it for the knowledge of a lifetime."

Charge for It?

"Finish the job, then," said Dr. Cutler. "Tell me what fees I should charge to assure me of my base pay, a reasonable profit on my risk capital, and some recognition for the knowledge of a lifetime!"

But I shook my head. "That's a horse of another color. We'll talk about it some other time. Meanwhile, don't go off halfcocked about time and motion studies in medicine. They can be done in industry. But you just can't hold a stop watch to a doctor and his aides in their daily work.

"You've now learned your cost per minute with reasonable accuracy. That's as close as we can practically come to detailed cost accounting for a medical office." END

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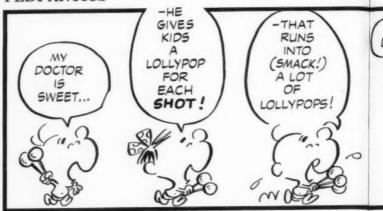
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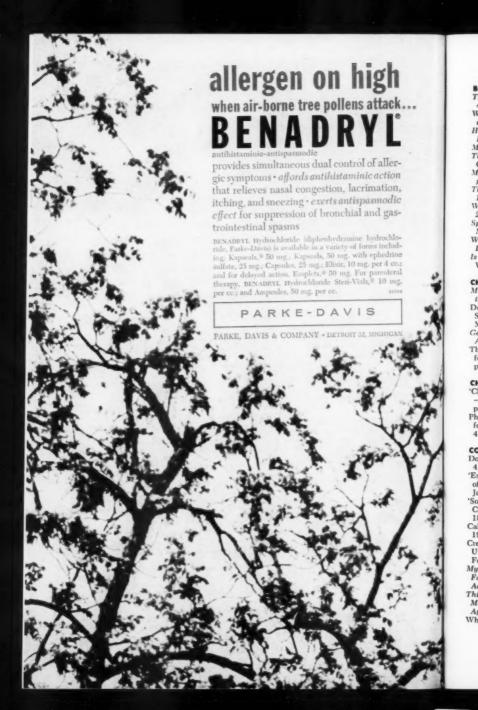
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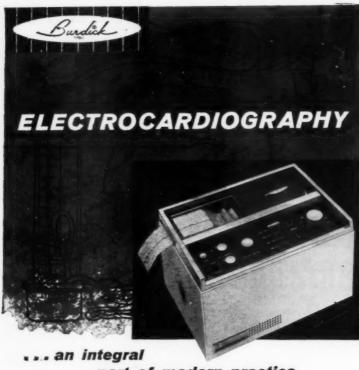
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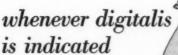
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Memo

From the Editors

Did You Know?

Did you know that "bedside manner" has become a legal risk? That's right: The words you use to reassure a patient can sometimes be construed as an oral contract. Then, if there's an untoward result, you can be sued successfully for breach of contract even though you were in no way negligent. Melvin M. Belli spotlights this new legal trend in the July 4 issue of MEDI-CAL ECONOMICS.

Did you know that doctors have been labeled "the world's worst tippers"? And that hotel bellhops now expect to get 50 cents a bag, 75 cents for two, and \$1 for three? Better brush up on your tipping next month in these pages.

Did you know that a solo practitioner can treat 125 patients a day? One Bostonian does so quite regularly. He employs fifteen aides and enjoys more leisure than most doctors. You may not want to do exactly as he does, but you can pick up some useful tips from Horace Cotton's "Busiest Solo Practice I've Ever Seen."

Did you know that doctors are among the most active backers of Broadway plays? One turned a 400 per cent profit in two years by investing in "The Pajama Game." Another racked up a 600 per cent gain from a small stake in "The Music Man." If you like live theatre and live investments, watch for the forthcoming "How to Be a Broadway Angel."

Did you know that lawyers in accident cases consider the following to be fair fees for testimony at a trial: G.P.s, \$50-\$125; radiologists, \$100-\$150; other specialists, \$150-\$250? These figures are set forth by a leading accident lawyer in an early issue.

Did you know that moving from a modest home into a mansion can lift your living costs by \$700 a month-entirely apart from the cost of the move itself? One doctor reports he can afford the mansion but not the life that goes with it. Read his revealing story soon.

Did you know that medical teaching is the best of all practicebuilders? M.D.s who do it report a steady stream of referrals from former students. And they rank it higher than the more obvious forms of practice-building-e.g., speeches, articles, civic work.

If you didn't know these things, don't miss the next few issues of MEDICAL ECONOMICS. Quite literally, you can't afford to. END

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